- 1	)	-9	9	9	Dor
6					
1		al.	10	U	3

2411 N. Charles St., Baltimore 33-6

#### CERTIFICATE OF DEATH

Reg.	Diat.	No.	2	3	9
-					7

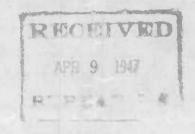
	Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Taurel	State Md. County / L. Leo.
Cily or town	City or town
Hospital, Institution, or etreet address where death occurred	Street No. 201- 10 BSL.
How long in hospital or instilution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Mosella Dea	ee
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale white married	2D. DATE OF DEATH 18.4 at 4 p
6.(b) Name of husband or wite William Tray Beal	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of Sief 19 19 19 20 20 20 20 20 20 20 20 20 20 20 20 20	ears and that I last saw h f. As allve on
deceased (mo., day, yr.) 4-10, 14, 1064	Immediate cause of death
8. AGE: Years Months Daye If lese than one dayhrs	The This earlier 26
La Chemelle de Cond	De Distriction of the second
8. Birthplace	Due to Du
10. Usual occupation.	Due to Assistantity
11. Industry or businese	ANGUILL - VIII
12. Name	Dither conditions
14 Maiden name martha merson	(Include pregnancy within 3 months of death)
15. Birthplace and.	Major findings of operations
16. Informant War. Y Beale	Autopsy results
Address 201-10 St. Laurel Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Date thereof # -7 - 194  (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory of Surf Hell	Where did Injury Occur?
Location Jaurel maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Doualdson	Meens of Injury Injured at work?
Address Laurel Ind.	XIII Marie MO
april 7 . 47 M. Brashers)	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Regist	rar Address Date signed 4-6-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le

ne correct age

A15 X 9.45-15



#### CERTIFICATE OF DEATH

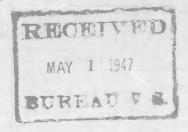
			2411 N. Cha	rles St., Baltimore (BJ)	
			CERTIFICA	TE OF DEATH	Reg. Dist. No. 242
1. PLACE OF DE County	Prince Geo: Dillon Par outside city or town is of death?	k Mary mits, write R 5 Yea death occurred	7land URAL and give nearest town) (PS	City or town (If outside city or town is 5214 - G Sti	c) OF DECEASED: e of mother)  County Prince Georges , Maryland imits, write RURAL and give nearest town)
5. (a) 1011 Hills	EDWIN	JACKS	ON BEAN		3. (0) Social Security Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorced Pivorced	MEDICAL 20. DATE OF DEATH APRIL 29	CERTIFICATION 9,1947
			e) It alive, give ageyea	and that I last saw h	
8. AGE: Years	Months 7	Days 29	It less than one day		bolism vda
Birthplace      Usuat occupation      Industry or busines	(Town, Farme	county, and s		Due to. arterios cler  Olisease  Due to.	the heart
12. Name	Jessie Be Garland,		/irginia	Dther conditions	
14. Maiden name.	Nancy Ja: West Vir	***************************************		(Include pregnancy within	
16. Intermant	Benjamin Washingto			Antopsy results	
17. Bur: (Burial, cremation	or removal. Which?)	Date there	(month) (day) (year)		l causes, fill in the tollowing;  Bate of
Location		d, Md.	(Prince Geo.Co.)		tolured at work?
Address 300	-N 28 ·N·	W.,	Washington, J. L	23. SIGNATURE Convey	Clhex MD

Rell

VS A15

Chril 30
(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE

2411 N. Charles St., Battimore [3]-a)

01237

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2 4 2

1 DIACE OF DEATU.	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH:	(For newborn infants give residence of mother)
City or town Sant Pleaset	State Manhand County Prince Genge
(If outside city of town limits, write KUKAL and give hearest town)	City or town Sout Pleasant
How long in above place of death? 2 3 4	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or strest address where death occurred:	Street No. 8000 Walker mill Drung
8000 Walker Mil Orms	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME grace Cleo Bean	3. (b) Social Security Number
4. Sex 5. Co or or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH. april 5 19.47 at 1045 A
13. B.	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(6) Name of husband or wifs  6.(c) If alive, give age  6.(c) If alive, give age  6.(d) Name of husband or wifs	19 19
7 Blath date ad	and that t lact saw h
deceased (mo., day, yr.) Thur 1 / 100/	Immediate cause of death
8. AGE: Yeare Months Days It less than one day	acute congestive heart
3 7hrs.	min. Laclure
a Rightholasa Vinginia	De la Cardioroccular remail
9. Birthplace	disease
10. Usual occupation Homewith	Due to
11. Industry or business (9-20 None	
E 12 Neme Lite Amosts	Dther conditione
12. Neme July Amouta  13. Birthplace Vugue	
5 B. O. C.	(Include pregnancy within 3 months of death)
14. Maiden name Relle Collens  15. Birthplace Virginia	Major findings of aperations.
₹ 15. Birthplace	Date of op.
18. Informant Que 12. Leans	Antopsy results.
Address & Ob a Walker hull Drie of ?	PHYSiCiAN: Please underline the cause to which death should be charged statistically.
61.00 010 Bule 0	22. VIOLENCE: If dasth was due to external causes, fill in the following:
(Byrial, cremation, or removel. Which?)  Date thereof.  (Bornation, or removel. Which?)  (Byrial, cremation, or removel. Which?)	
Cemetery or crematify Jock Creek Conclay	Where did injury occur?
Location Fashington O. C.	Injured at home, farm, Industry, public placs (where?)
all	Means of Injury Injured at work?
18. Funeral director Alliam Dels Sorge to	Megut melical Economica
Address 300 - 4th St. M. G.	10 (13-1
4/5/47 11/ 5 9.11	23. SIGNATURE. D. or other
19. (Date rec'd by registrsr) Regis	strar Address I destrible who Date signed 34 - 5-4

APR 10 1947

2411 N. Charles St., Baltimore

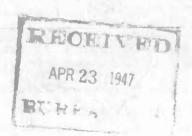
(11238 Reg. Dist. No. 230

#### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manchand County Ho Long
(if outside city or town limits, write RURAL and nive nearest town)	7/1- 10 01
How long in above place of death?	(If outside city or town limits, write RURAL and give neapest town)
Hospital, Institution, or street address where death occurred:	Street No. 6 / 6 - Green Street
hear Calvert 1 to a	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Book 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, on divorced	The state of the s
See	MEDICAL CERTIFICATION
more warried	_ 20. DATE OF OEATH ( ) 19 4 , 21 8 - +
may & Reph	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wite	
7. Birth date of A year	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Oshlanda
65 6 11hrsmir	n.
On Our day Pa	Due to 10 minus
9. Birthplace	
1D. Usual occupation grande	
11. Industry or business Heenly any Fishers	- Due to
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Plansulvana  15. Birthplace Plansulvana	Major findings of operations.
15. Birtholace Plansylvania	Date of op.
11. 10. A 110 pt	Aolopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Agress 463 fordum	22. VIOLENCE: W death was due to external causes, fill in the following:
transportation Date thereof Bril 19. 174/	Accident, suicide, or homicide as a lent pare of 19-4
(Burial, cremothon, or removal, Which?) (month) (day) (ear)	D. D. D. D. L.
Cemetery or crematory	Where did Injury occur (City or kown) (County) (State)
Location Starre le Trace ma	Injured at home, farm, Industry, public place (where DOC 11)
I Geralia some	Means of Injurtall pool Injured at work? hu
1B. Funeral director	" letter medical Examen
Address A spallerille na	- 19 3
Chitago un mas las Marios	23. SIGNATURE M. D. of parter
(Date read by registrar)	at Address At realized he Date stend 2 - 19

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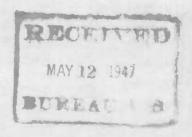
MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

(1239) Reg. Diat. No. 243

Cily or town How long in abo Hospital, institu	(If outs ve place of a tion, or str. lenn	Prince Colonia Dalido elty or town I death? Leet address where Dale Sanditution? I m	e, Mar imits, write H month, death occurred natorium	yland EURAL and give nearest town) L day	Street No. 310 W. Clifton Terrace, N. E.  (If rural, give LOCATION)  2.(a) If veteran, name war				
4. Sex	5	. Color or race		e, married, widowed, or divorced		ERTIFICATION			
Male		White	Mar	ried	20. DATE OF DEATH APRIL		3:00 A		
		June	27, 18		21. I CERTIFY that death occurred on the date ab MARCH 28 19.  aed that I last saw h.J.Malive on	47 to APRIL	30 1947 30 1947		
8. AGE: 71	Years 71	Months 10	Days 3	If iess than one dayhrsmin.	PULMONARY TUBE				
10. Usual occu	business Ge	Projecti Movie	onist Becker Penns		Other conditions	months of death)			
16. Informant	De	ceased	***************************************	eol. (month) (day) (year)	Actopsy results	which death should be charged	statistically.		
Cemetery or Location  18. Funeral dir Address 2	ector 2	14 th		1	Whera did Injury occur?	where?)	(State)		



2411 N. Charles St., Baltimore (%-6)

### CERTIFICATE OF DEATH

0

(1240 245 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Transl Signal	
(If outside city or town limits, write RURAL and give nearest town)	State County 10 0
How long in above piace of death? 15 days	(If outside eity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4400 Selver Trill Rad. E.
Beland memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mildred anne Bencent	121-09-3166
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white single	20. DATE OF DEATH. Equil 4 1947, 21 2PM
	21. I CERTIFY that death occurred on the date above etated; that I attended decoased from
B.(b) Name of hueband or wife	Warch 1946, 10 4 April 194
T. Birth date of January 12, 1915	and that I last eaw h. &r. align on 3 April 1947 18 47
deceased (mo., day, yr.)	Immediais cause of death 6 inculatory failure DURATION
8. AGE: Yeare Monthe Daye It less than one day	fl I luo.
32 2 20hrs. min.	
9. Birthplace Della (Town, county, and state)	Due to Chronic Rheumalic heart 25 yrs
	duesil
10. Veual occupation. Secretary	Due to
11. Industry or businese Allpt. & agreculture	
12. Name Thermany and General Besselve	Dither conditions
	(include pregnancy within 3 months of death)
14. Maiden name Clara more Flatt.  15. Birthplace New york.	
15. Rirthplace new york.	Major findings of operations.  Date of op.
41 · + 110 Read of 1	Aotopsy results.
18. Intermant Att applicable for the second of the second	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Kinerslade, md.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory 756 - Peque our	Where did injury occur? (City or town) (County) (State)
Bad dowt in patt all a	Injured at home, tarm, Industry, public place (where?)
Location	Meene of Injury Injury Injured at work?
18. Funeral director beefth Lawlins Soul	O
Address 1756 Renna ave. M. It.	Sidney W toeway M.V.
Mul 4 Haspingtons DC	23. SIGNATURE. M. De or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address 1503 Aood Hope Pa. Date signed
	OF MALL. DR.

APR 7 1947 BUREAU V B

Reg. Dist. No.

1. PLACE OF DEATH:

3. (a) FULL NAME

Female

Prince Georges

How long in above place of death? One yr., 5 mos., 29 days Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium How long in hospital or institution? \_\_\_\_1\_yr., \_5\_mos., \_29\_days

Glenn Dale, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

Married

MARGIN RESERVED FOR BINDING George Bivens 6.(b) Namo of husband or wife... .6.(c) If allve, give age ......71 7. Right date of October 5. 1882 decoased (mo., day, yr.) It less than one day 8. AGE: 18 64 64 Washington, D. C.
(Town, county, and atate) Domestic In. Usual occupation. t1. Industry or business Frank Smith 12. Name..... Rappahanack, Virginia 13. Birtholace Mary Williams 14. Maiden na 15. Birthplace 14. Maiden namo Washington, D. C. Deceased 16. Informant PLAINL (month) (day) (year WRITE PLEASE

5. Color or race

Colored

2. USUAL RESIDENCE (HOME) OF DECEASED:

	(For newborn					mother)
State.		D.	C.	*********	Cou	nty

Washington City or town. (If outside city or town limits, write RURAL and give nesrest town)

645 Morton St. N. W.

					_
-	3. (b)	Social	Security	Numbe	er

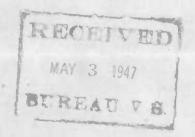
MI	EDICAL CEI	RTIFICATION	
20, DATE OF DEATH.	שיות א	23, 19.4	محر ادر
21. I CERTIFY that death occurr	ed on the date above	stated; that I attended de-	ceased from
Immediain cause of death			DUDATAD
Immediate cause of death	ary lul	erceloris	22 24
<b></b>	Y	***************************************	***************************************
Due to			***************************************
		•••••	
Duo to			
		muleter	•
Dither conditions.	veces	mu qu	?
(Include preg	nancy within 3 mo	ntns of death) .	
Major findings of operations			
		Bato of op	
Autopsy resultsPHYSICIAN: Ptense underline	the cause to which	h death should be charge	d statistically.
22. VIOLENCE: If death was o	lue in external cause	s. fill in the following:	
Accident, suicide, or homicide		Dato ot	
Whers did injury occur?	(City or town)	(County)	(State)

Maans of Injury

Injured at home, tarm, Industry, public place (where?)

injured at work?

17/1



he correct age

PLAINLY, WITH UNFADING is especially important. Physicia

WRITE

PLEASE

# A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47

(1242 Reg. Diat. No. 2 4/2

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Manual County Pring Straight
How long in above place of death?	(If outside city or town limits, write RURAL and kive nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4602 Chelsea and
	(1f rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Solle & Bloke	3. (b) Social Security Number
4. Sex   6. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Level White Dimes	20. DATE OF DEATH. Office 1 3 1947, 21 1125 P.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	10013 1946 10 afect 13 1947
6.(c) If alive, give ageyears	
7. Birth date of	and that I last saw h alive on 18.7
deceased (mo., day, yr.)  R ACF. Years   Moeths   Days   tf less than one day	Immediate cause of death
o. Add.	Eshander
5hrsmin.	melastake Casemoon mouth
4	Juny Tennary source
9. Birthplace	minoun
10. Usual occupation Clark	Que to
11. Industry or business Social Security	
12. Name 12. Name 12. Name 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthpiace	Date of op.
16. Informant Binie Blake andella.	Aptopsy results
Address 4602 Chelsea ane, Suitland by	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 7 6 0 2 Chicken day	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, se sumprat. Which?)	Accident, sulcide, or homicide
Cemetery or crematory	Where did tajury occur?
Location Human & Daluta	Injured at home, farm, Industry, public place (where?)
RI. x Ob. ++ O	Means of Injury Injured at work?
18. Funeral director.	log lob athur Indiais mo
Address SI- (100 AND. C. Wash, ARK	23. SIGNATURE SPECIFON WILLIAM STATES
19. Ohte rec'd by registrar) (Date rec'd by registrar) Registrar	Address 1861 G of NW Walks How M. D. or other

De Boyd The Coroner Milified and approved 4-14-47

APR 17 1947

2411 N. Charles St., Baltimore (61)

#### CERTIFICATE OF DEATH

01243 Reg. Dist. No. 23/

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County
How long In above place of death? 20 0000.  Hospital, Institution, or street address where death occurred:    How long In hospital or Institution? 20 0000.	City or town
3.(a) FULL NAME Bourie, mrs. Sadie	3. (b) Social Security Number
4. Sex   5. Color or race   B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 4 - 8 19.47 at 6.32
8.(6) Name of husband or wife. M. Brese Bacuce  6.(c) If alive, give ageyears  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 10. After 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.) 10-10-18 80  8. AGE: Years Months Days If less than one dayhrsmin.	Immediaic cause of death  DURATION  246
9. Birthpiace	Due to Dialule, well-tus Januaryen
11. Industry or business    12. Name	Other conditions Tighthite Game Research of Rise Year tree of the Manual of Rise Year tree of the Major findings of operations.  Date of op.
16. interment	Autopsy results
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director. Address 5801 Cleveland average with 19. 4/8 1947 Amanda Dawney	23. SIGNATURE LOCKED M. D. or other  Address College Caller Transfer M. D. or other  Address College Caller Transfer M. Date signed Transfer M. D. or other
(I/at/ rec'd by registrar) Registrar	Address

MARGIN RESERVED FOR BINDING

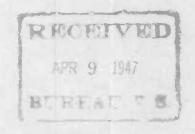
age

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE



2411 N. Charles St., Baltimore (2)

# CERTIFICATE OF DEATH

01244

Reg. Diat. No. 23/

1. PLACE OF DEATHS to Lockital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in anto give residence of mother)
County md	State Ind County Cro Lew Co
Cily or town	City or town Int Rainer Ind
Now long in above place of weath	(If outside city or town limits, write RURAL and give nearest town)
Pro Jeo Lospit, 33/4 Lre	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
mary Reneane Bras	(ley 3. (b) Social Security Number
4. Sey   5. Color or face   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white married:	20. DATE OF DEATH. Ceful 2.1- 19/. 21
Robert F. Bradley.	21. LCERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife.	May 10. 1040 to agail 25 194)
7. Birth date of 7. Brith date of 7. Bri	and that t last saw h alive on acres 25 1941
deceased (mo., day, yr.) dug / 19/1	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	
29. 8, 18hrsmin	Hyperpyrexia
9. Birthplace washington Ile.	Que la follorem oferation
(Town, county, and atate)	000010
10. Usual occupation Clerk - interverse	Due to Grandelkruy.
11. Industry or business M.S. Lovernment	
12 Name Curtis C. Sle neane	Diher conditions
12. Name Curtis C. Sle Resne 13. Birthplace washington Slc.	
	(Include pregnancy within 8 months of death)
14. Maiden name Florente Gascon  15. Birthplace washington Sle.	Major findings of operations.
E 15. Birthplace washington el.	Date of op.
16. Informant A. F. Brookley	/Autopsy results
Address 4200 Kagwood drive mt Ramer &	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 10 Who 28, 1947	22. VIOLENCE: tf death was due to external causes, "I in the following:
17. (Burial, cremation, or removal, Which) (punch) (year)	Accident, suicide, or homicide
Cometery or crematory Love Lincoln Connellery!	Whers did injury occur?
Geland manor ma	Injured at home, farm, industry, public place (where?)
Localion Community	Means of injury Injured at work?
18. Funeral director. I this che long	000
Address Afatherile Md.	(0) (V875 44 x0
4/20 112 /200 / 1/200	23. SIGNATURE M. D. or other
19. ————————————————————————————————————	Address # attrelle (a) Date signed 4-25 4.)

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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2411 N. Charles St., Baltimore /3/2

#### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Prince Les	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)	
Holassa Mauslasso Mo	State County Truck Lls	*************
City or Jown	City or town Theher marlbors n	ed.
How long In the place death?	(If outside cit) or town limits, write RURAL and give nearest	town)
DISTINAL, INST. Street address where death occurred.	Street No	
n hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	nber
· Daroh H. 1) Rocks		3 11
4. Sex J 5. Color or race 8.(a) Single, married, widowed, or divorced 5.	MEDICAL CERTIFICATION	121.6
J regra Orientes	20. DATE OF DEATH CARLES 30 19.47, at	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
	2 18.47, to after 30	19
7. Birth date of deceased (mo., day, yr.) Rec (5-1868	and that I last saw h	DUDATION
8. AGE: Years   Months   Days   If less than one day	Immediair cause of death.	2 WA
7 %hrsm	nin.	
9. Sirtholace Primer 400 Co	Due to Nephralis	10 2
(Town, county, and state)		
10. Usual occupation	Due to arlenos clarosis	20 2
11. Industry or byeiness		
型 12. Name Joseph Jrelu	Other conditions	
13. Birthplace Pruce 300 CO	(include pregnancy within 3 months of death)	
14. Maiden name Greene Two Co mi	(include pregnancy within 5 months of death)  Major findings of operations.	
15. Birthplace Prince Two Co mi		
Michigan Brooks Son	Date of op	*******************
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged stati	stically.
Address Market M	22. VIOLENCE: tt death was due to external causes, fill in the following;	
17(Burlal, cremation, or removal, Which?) Oate thereof	Accident, suicide, or homicide	
Cemetery or crematory Dibleres Country	Whers did injury occur? (City or town) (County) (Si	*a*a)
Ruge Brandustin 1201	Injured at home, farm, industry, public place (where?)	
Location	Means of Injury Injured at work?	7
18. Funeral director A		
Address Waldoy ) Just	- Jancer	
March 47 March 72 th	23. SIGNATURE M. D. or of	ther
(Date rec'd by)registrar)  Registr	rar Add Softer Marlboro Date signed 9	30-4

(A) MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Rog, Dist. No. 243

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Prince Georges Manyley		State D. C. County			
City or town					
How long in above place of death?		City or town (If outside city or town limits, write RURAL and give near	rest town)		
Hospital, Institution, or street address where death occurred: Glenn Dale Sanat	***************************************	Street No	E		
How long in hospital or Institution?	***************************************	2.(a) It veteran, name war	V		
3. (a) FULL NAME  MAMI	EEBR	3. (b) Social Security P	Vumber		
4. Sex 5. Color or race 6.(o) Single, mai	rried, widowed, or divorced	MEDICAL CERTIFICATION	2.6		
Female Colored Si	ngle	20. DATE OF DEATH Cepril 30 the 19 457	1 5 P		
6,(b) Name of husband or wife	***************************************	21. I CENTYFY that death occurred on the date above stated; that Lattended decea			
	alive give age years	Lany 29 th 1047 10 april	30.19.4		
7. Sirth date of deceased (mo., day, yr.) June 20, 1929	anic, gire age	and that I last saw the alive on friends on the	19.46-9		
	f less than ooe day	Immediais cause at death	DURATION		
17 17 10 10	hrsmin.	Ville mary Julier celosis	4 mas		
9. Birthplace Marsella Co. South	Carolina	Oue to.			
10. Usual occupation Dish Washer		Que to.			
11. Industry or business		<b>800</b> (0	******************		
質 12. Name William Brown		Other conditions	***************************************		
13. Sirthplace South Caroli					
# 14. Maiden name Mary Byrd		(Include pregnancy within 3 months of death)			
14. Malden name Marsella Co., So	outh Carolina	Majur findings of operations			
			*******		
16. Informant Deceased		Autupsy results	tatistically.		
Address	-1 / -	22. VIOLENCE: If death was due to external causes, fill in the tollowing;			
(Burial, cremation, or removal, Which?)	5/1/4/	Accident, suicide, or homicide			
	(month, foat)	Where did Injury occur?			
Cemetery or crematory	,		(State)		
Location Location		Injured at home, farm, Industry, public place (where?)			
18. Funeral director.	Re	Means of Injury Injured at work?			
Address 316-15 dh	St SE	(1) a in Plan M.	mo		
06, 20 110 P 0	de Paions	23. SIGNATURE M. D. O. M. D. O.	rother		
(Date ree'd by registrur)	Registrar	Address Venn Wale May Date signed C.	Ju 30, 194		

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The

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2)

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED.  (For pewborn infants give residence of mother)  State County Ward No.  (If outside city or town limits, write RURAL NEAR and give town)
	Street No 223 - New Hamschie
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(e) IF VETERAN, NAME WAR
0	Z(c) IF TELEGRAN, NAME TAN
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex / 5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w Single	20. DATE OF DEATH Afril 8 19 47 at 1:15 M
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
years	1-17-47 19 , to 4-8- 19 77.
7. Birth date of	and that I last saw h J 227alive on 4-2-47 19
deceased (mo., day, yr.)	Immediate cause of death Memaa DURATION
8. AGE: Years Months Days If less than one day	3 day
P	
9. Birthplace (Toyn, county and state)	Due to Chome Ryllische 3 year
10. Usual occupation	Due to
11. industry or businese)	940 (0
12. Name James of Course	Dther conditions
# 14. Maiden name Caralyn Janes	(Include pregnancy within 3 months of death)  Major findings:  PHYSICIAN
14. Maiden name Covalyn Jones  15. Righniace	Df operations
El 15. Birthpiace	the cause to which
16. Informant State States	death should be charged statisti-
Address	Df autopsy cally.
Harrial, cremation, or removal, Which?  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location - J J Jack NC	Injured at home, farm, Industry, public place (where?)
18. Funeral director IV Admittemans	Means of injury Injured at work?
Address 5732 La link Mu	Q & P CQ 2 2 n
19. 4/8 1947 amanda Dawney (Datorog'd by registrar)	23. SIGNATURE AM. D. or other  Address American Date signed 8 4)

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RETURN TO STATE

2411 N. Charles St., Baltimore Ba

# CERTIFICATE OF DEATH

		No. 242
Reg.	Dist.	No. O. Tole

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Peter mª. Brown	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Colored   Wildowed	MEDICAL CERTIFICATION  2D. DATE OF DEATH. C. 18 47, 21 3 45 PM
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 1863	and that I laat aaw halive on
deceased (mo., day, yr.)  8. AGE: Yeara Montha Days If less than one dayhrsmin.	Immedisio casso ol desta DURATION  Acute Congestive to a
S. Birthplace	Due to Carelina sulas re-
10. Usual occupation	Due to
11. Industry or business  12. Name  13. Birthplace	Dther conditions
# 14. Maiden name Aushum	(Include pregnancy within 8 months of death)  Major fiadiogs of operations.
15. Birthplace	
16. Informant San Lead of the Cold	Actorsy results PHYSICIAN: Please moderline the caose to which death shoold he charged statistically.
Address 5 3 5 0 Date thereof 4 - 23 - 47  (Burial, cremation, or removal, Which?)  (month) (day) (year)	22. VIOLENCE: 1f death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. O. J. o. s. Itel M.	Where did injury occur?
Location Open Kill Fred.	Injured at home, farm, industry, public place (where?)
18. Funeral director the J. Klang & G.	Meana of injury Injured at work?
Address 9601 - 311 St. 800.	23. SIGNATURE
18.4 21 - 19.47 The D. Gruffel	M. D. of other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE

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correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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1. PLACE Gib DEATH: Corety Cor		100g1 210tt 1701 III III III III III III III III III I	
State A County A Coun	1. PLACE QE DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Sinte. Solution in above place of death?  (if control, or street address where death occurred:  Sinte No. 54  Sint	County SKINGE GROB	(For newborn infants give residence of mother)	
The long in heave place of death?    Color of the long in heave place of death?	City or town HYATOVILLE	State County County	
Street Ma. S. Land S. Color or race  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) If veloran, name war  3. (d) Social Security Number  4. Set S. Color or race  MAPE  3. (d) Social Security Number  3. (d) Social Security Number  4. Set S. Color or race  MEDICAL CERTIFICATION  20. Date of Death 1. 1947, 31. 2:N. Q. M.  21. I DEBTIFY that depth occurred as the date above stated. that I sate set of deceased (mm. day, rv.)  3. (e) Halive, give age.  7. Sinch date of deceased (mm. day, rv.)  4. Set Social Security Number  21. I DEBTIFY that depth occurred as the date above stated. that I sate set of deceased (mm. day, rv.)  3. (e) Halive, give age.  7. Sinch date of deceased (mm. day, rv.)  4. Set Name  4. Set Name  4. Set Name  5. Color or race  6. (e) Name of broband or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  6. (e) Halive, give age.  7. Sinch date or wile.  8. AGE: Name  7. Sinch date or wile.  8. AGE: Name  9. Birthplace.  (include pregnancy within 2 months of death)  6. (include pregnancy within 2 months of death)  7. Sinch date or wile.  8. Actions 3. Color of the date of deceased (mm. date)  8. Actions 3. Color of the date of deceased (mm. date)  9. Date of op.  9. Birthplace.  (include pregnancy within 2 months of death)  9. Date of op.  10. Date of op.  11. Malicent and Malicent and Malicent and Malicent and Malicent and Malicent		City or town # 1 / 19-725 VIII #	
Rev long in heapital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  2. (c) If veloras, name was  3. (b) Social Security Number  3. (c) Foliar rises  8. (c) Single, meries, widoves, or dispeced  MALE  NILE  NARE  0. (c) Single, meries, widoves, or dispeced  MEDICAL CERTIFICATION  20. Description of the data does estated: that I attended despected from 15 March 15 March 16 March		If outside city or town limits, write RURAL and give nearest town)	
Row long in hospital or institution?	nospital, institution, or street address where death occurred.		
3. (a) FULL NAME  3. (b) Social Security Number  3. (c) Follow race  3. (d) Social Security Number  3. (e) Social Security Number  4. Sax  5. Color or race  6. (c) Single, married, widowed, or dispeced  MALE  MALE  MARE  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  18. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
4. Sat S. Celer or race S. Ca) Single, married, witowed, or dispeced MARE NATE NATE NATE NATE NATE NATE NATE NAT	How long In hospital or Institution?	2.(a) If veleran, name war	
4. Sat S. Color or race M. C. (a) Single, married, widowed, or diverced M. C. (b) Hame of hurband or wile M. A. R. (c) It alive, give age years deceased (m., day, r.)  8. (c) It alive, give age years deceased (m., day, r.)  8. AGE: Varr Months Days It less than one day  10. Usual occupation.  11. Indestry or business E. I. E. (c) It alive, give age years and that I sets was the date above stated: that I attended deceased from J. (a) M. J. (b) M. J. (c)		3. (b) Social Security Number	
8.(b) Name of hurband or wife.  8.(c) It alive, give age years deceased (mo. day, rr.)  8. AGE: Vears Months Days If less than one day Immediate cause of death.  9. Birthplace.  10. Usual occupation.  11. Industry or business  11. Industry or business  12. It ama. D. S. P. J. P. P. J. P.			
8. (b) Hame of herband or wite.  20. Date of bears.  21. 1 CERTIFY that death occurred on the date above stated; that I altereded deceased from the date above stated.  21. Date above stated that I altereded deceased from the date above stated at altereded from the date above stated a		MEDICAL CERTIFICATION	
7. Birth date of deceased (mo. day, yr.)  8. AGE: Varr Months Days If less than one day hrs. min.  9. Birthplace Control of the conditions	MALE NHITE MARRIED	20. DATE DE DEATH 14 april 1947 21 2:15 a. M	
7. Birth date of deceased (mo. day, yr.)  8. AGE: Varr Months Days If less than one day hrs. min.  9. Birthplace Control of the conditions	RAY	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.)  8. AGE: Vears Months Days If less than one day hrs. min.  9. Birthplace Days If less than one day hrs. min.  10. Usual occupation Control of the Days If less than one day hrs. min.  11. Industry or business Eff E Duch III 3 II Other conditions  12. Name JOSEPH DUCH III 3 II Other conditions  13. Birthplace Dust II Shirthplace Dust II Shirthp	5.(0) Name of husband of wite		
S. AGE: Vests   Months   Days   Hest than one day   Duration   D	S.(c) It alive, give ageyears		
8. AGE: Years Months Days If less than one day    S. Birthplace			
9. Birthplace	8. AGE: Years Months Days If less than one day	Can gondere Heart dailure I den n	
9. Birthplace CTyon, county, and state) 10. Usual occupation. 11. Industry or business	47hrsmin.		
10. Usual occupation   11. Industry or business   E / I / E   12. Name   J O S e / I / I   13. Birthplace   14. Maiden name   J O S e / I / I   14. Maiden name   J O S e / I / I   15. Birthplace   I / I		Aunique Dan of In Ola dian 3	
11. Industry or business    12. Name	9. Birthplace(Town county, and state)	Due to Manual Company	
11. Industry or business	Cutter	A Constitution of the cons	
12. Name JOSEPH BUCH MILE CONTROLL  13. Birthplace RUSSIA  14. Malden name Mile Country  15. Birthplace RUSSIA  16. Informant MORR'S JEW/E/ Address SO22-N, CAPIFO ST  (Include pregnancy within 8 months of death)  Major findings of operations  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Cemetery or cremalory Milehi)  Cemetery or cremalory Milehi)  Cemetery or cremalory Milehi)  Location  Location  Address 3501-VIII Washes  Means of injury  Means	10. Usual occupation	Due to 1900	
13. Birthplace RSSIPT  14. Maiden name Maleusowa (Include pregnancy within 8 months of death)  15. Birthplace RUSSIPT  16. Informant MORRISTER Autopsy results.  Address SO22-N. CAPITO STENIER  Address SO22-N. CAPITO STENIER  17. Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of op.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of op.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of op.  City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  Means of injury  13. SIGNATURE.  23. SIGNATURE.  44. D. or other		Dislare	
(Include pregnancy within 8 months of death)  14. Maiden name  15. Birthplace  16. Informant  16. Informant  17. Major findings of operations  18. Informant  19. Major findings of operations  19. Major findings of operations  19. Major findings of operations  10. Major findings of operations  10. Major findings of operations  11. Matchesis Sozz - N. Capitol St  12. Wiopsy results  13. PHYSICIAN: Flease underline the cause to which death should be charged statistically.  19. VIOLENCE: If death was due to external causes, fill in the tollowing:  19. Accident, suicide, or homicide.  19. Cemetery or cremalory Mileting (City or town)  19. Cemetery or cremalory Mileting (City or town)  19. Funeral director  10. Injured at home, farm, lodustry, public place (where?)  10. Injured at home, farm, lodustry, public place (where?)  11. Major findings of operations  12. VIOLENCE: If death was due to external causes, fill in the tollowing:  12. VIOLENCE: If death was due to external causes, fill in the tollowing:  13. Accident, suicide, or homicide.  14. Major findings of operations  15. PHYSICIAN: Flease underline the cause to which death should be charged statistically.  16. Internation, or running the cause to which death should be charged statistically.  17. Matchesis underline the cause to which death should be charged statistically.  18. PHYSICIAN: Flease underline the cause to which death should be charged statistically.  19. Cemetery or cremalory (City or town)  19. Cemetery or crem	12. Name Joseph Buchman	Other cooditions	
(Include pregnancy within 8 months of death)  14. Maiden name  15. Birthplace  16. Informant  16. Informant  17. Major findings of operations  18. Informant  19. Major findings of operations  19. Major findings of operations  19. Major findings of operations  10. Major findings of operations  10. Major findings of operations  11. Matchesis Sozz - N. Capitol St  12. Wiopsy results  13. PHYSICIAN: Flease underline the cause to which death should be charged statistically.  19. VIOLENCE: If death was due to external causes, fill in the tollowing:  19. Accident, suicide, or homicide.  19. Cemetery or cremalory Mileting (City or town)  19. Cemetery or cremalory Mileting (City or town)  19. Funeral director  10. Injured at home, farm, lodustry, public place (where?)  10. Injured at home, farm, lodustry, public place (where?)  11. Major findings of operations  12. VIOLENCE: If death was due to external causes, fill in the tollowing:  12. VIOLENCE: If death was due to external causes, fill in the tollowing:  13. Accident, suicide, or homicide.  14. Major findings of operations  15. PHYSICIAN: Flease underline the cause to which death should be charged statistically.  16. Internation, or running the cause to which death should be charged statistically.  17. Matchesis underline the cause to which death should be charged statistically.  18. PHYSICIAN: Flease underline the cause to which death should be charged statistically.  19. Cemetery or cremalory (City or town)  19. Cemetery or crem	13. Birthplace RUSSIF		
16. Informant MORRIS JEWIE-R  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide  Cemetery or crematory Wellington County (State)  Location  16. Funeral director Description of the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  Injured at home, farm, lodustry, public place (where?)  Means of injury  23. SIGNATURE  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  24. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide  Bale of  (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  Address 350/-14 Statistically.		(Include pregnancy within 8 months of death)	
16. Informant MORRIS JEWIE-R  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide  Cemetery or crematory Wellington County (State)  Location  16. Funeral director Description of the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  Injured at home, farm, lodustry, public place (where?)  Means of injury  23. SIGNATURE  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  24. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide  Bale of  (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  Address 350/-14 Statistically.	14. Malden name	Major findings of operations	
Address 5022-N. Copifol 57  PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide		Date of op.	
Address 5022-N. CAPITO ST  Address 5022-N. CAPITO ST  (Burlel, exemation, or summed, Which?)  Date thereof (month) (day) (year)  Cemetery or cremalory Well-worth County (State)  Location (City or town)  16. Funeral director (Address 350) - County (Washing)  Address 350/- County (Washing)  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury (Injured of work?)  23. SIGNATURE (Washing)  A. D. or other (Many State)	18 Interment MORRIS JEWIER	Autonay results.	
22. VIOLENCE: If death was due to external causes, fill in the tollowing:    17	, , , , , , , , , , ,	PHYStCIAN: Flease underline the cause to which death should be charged statistically.	
Date thereof (Burlel, exemption, or removed) Which?  Cemetery or crematory Which?  Location  16. Funeral director Date thereof (May) (year)  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  16. Funeral director Date (where?)  Address 350/-451000 (Washing County)  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury  23. SIGNATURE (May)  (M. D. or other)	Address & V Z Z	22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
Cemetery or cremalory Wellington County County A. J. J. G. Where did injury occur? (City or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Injured at home, farm, lodustry, public place (where?)  Injured at home, farm, lodustry, public place (where?)  Means of injury  Address 3501-145 States Washes A.C.  23. SIGNATURE Address A.C.  A.D. or other 1	17 Durial Date thereof White 13 1997		
Injured at home, farm, lodustry, public place (where?)  16. Funeral director D. Jacquesky Sore  Address 3501-14 Stelle Washes C.  23. SIGNATURE	1.1 111 110 71 70 7110		
16. Funeral director D. Januaresky Sore  Address 3501-14 Stelle Washs W.C.  23. SIGNATURE Samuel Thugan M.D. or other	Cemetery or crematory Melling Community of Minds	(City or town) (County) (State)	
Address 3501-14 Stelle Washed. C.  23. SIGNATURE Samuel Mugan Mo	Location lojured at home, farm, lodustry, public place (where?)		
Address 3501-19 Steller Washer W. C. 23. SIGNATURE Samuel & Rugar Mo	BAbana and Some	Means of Injury Injured 34 work?	
23. SIGNATURE (A. D. or other 1)	16. Funeral director	1 200/ 170	
M. D. or other	Address 3501-140-STEW Wash, W.C.	Janual & Kugon Mos	
19. 4300 Caywood M. Parul Die signed 14 Apr 4		23. SIGNATURE	
Md	19. ————————————————————————————————————	Address 4300 Cagwood Mr Paculoge signed 14apr 4	
		nd 1	

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		efully. The correct ag	and legibly.	
		ormation care	death clearly	
BINDING		PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully	y important. Physicians: please write the causes of death clearly and legibly.	
RVED FOR		. Supply even	please write t	
MARGIN RESERVED FOR BIN.		'ADING INK	Physicians:	
MA	1	WILLY UNF	y important.	
W.		PLAINLY,	is especially	
VS A15 9.45-15M	-	E WRITE	-	
VS AI	0.	PLEAS	)	

MADVIAND	CTATE	DEPARTMENT	OF	HEALTI
MAKILAND	SIAIL	DEPARTMENT	Uľ	HEALIR

2411 N. Charles St., Baltimore 13-2

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## CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEATH: Prince Georges				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town			Slate D. C. County  Cily or town Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 1321; V. Street, N. W.  (If rural, give LOCATION)  2.(a) If veteran, name war.				
3. (a) FULL NAM	Wir	lia	m Cartes	- fr.		b) Social Security 578-18-337	
4. Sex	5. Color or race	B.(a)Sing	ie, married, widowed, or divorced	MEDIC	CAL CERTI	FICATION	
Male	Colored	Si	ngle	2D, DATE OF DEATH OF	nil	15, 18 47	200
T. Birth date of deceased (mo., day,	yr.) Decemb	er 25,		and that I last saw h. Adam. allve on.	19.47	4/15	19 <i>47</i> 18 <i>4</i> 7
8. AGE: Year		Days	If less than one day	pulmona	y lake	culvis	7 mos
36 3	6 3	21	hrsmir				
10. Usual occupation.	Nelson Ca	Man		Due to			
me		ith		(Include pregnancy  Major findings of operations	***************************************		
16. Informant	D <sub>e</sub> ceas	ed		Autopsy results			statistically.
Rem	o, or removal, Which?	1	(ponth) (day) (year)?,	22. VIOLENCE: If death was due to exactled, suickle, or homicide	or town)	(County)	(State)
Address 3	26. Vee	Row	71. W. laud S. Philips	23. SIGNATURE TO ASSELL	Pheo.	Finica M. D.	or other

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I) MARGIN RESERVED FOR BINDING

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VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

2411 N. Charles St., Baltimore (73)

# CERTIFICATE OF DEATH

I. PLACE OF DEATH:    county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
low long in above place of death?	Street No. 16- Wood Road (If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war World Nar # II
s. (a) FULL NAME	3. (b) Social Security Number
John Moshier Chapin	
. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male   White   Married	20. DATE OF DEATH. 7 April 19 47 at 1106A.
.(b) Name of husband or wite. Mary Zemp Chapin  B.(c) If alive, give age. Unk years deceased (mo. day, yr.)  June 21, 1919  B. AGE: Years Months Days It less than one day years deceased (mo. day, yr.)  27 9 18	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
Birthplace Newburgh Na Y.  (Town, county, and state)  D. Usual occupation Major  1. Industry or business U.S. Army	Due to Militiple lacerating, crushing injuries to body  Due to
12. Name	Other conditions Body Was reduced to  fragments (Include pregnancy within 5 months of death)
14. Malden name Fannie Guilford	(Include pregnancy within 3 months of death)  Major findings of aperations
15. Birthplace Yonker, N. Y.	Daie of on.
6. Informant U.S. Army	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  B. Funeral director	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide. accident Date of 7 April 47  Where did injury occur? Woodyard. Prince Georges, Md.  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?) On a farm  Means of Injury Place Look Injury Place (where?)
Address 377-// St. Corrie 3. Completell (Date ree'd by registrar)	23. SIGHATURE. DE SOUTH M. D. or byter Address. Hopestville husbate signed 4-8-4

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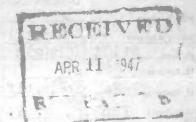
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#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 52-72 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: legibly. (For newborn infants give residence of mother information carefully of death clearly and How long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospitat or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes UNFADING INK. Supply every item of ant. Physicians: please write the causes 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Sirth date of deceased (mo., day, yr.) DURATION if less than one day 8. AGE: Years mo (Town county, and atate) important. (Include pregnancy within 3 months of death) Major findings of operations .... WRITE PLAINLY, especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following Accident, suicide, or homicide.. (month) (day) Where did Injury occur? ..... (City or town) injured at home, farm, industry, public place (where?) ... Means of Injury 18. Funeral director PLEASE A15 Address M. D. or other . Date signed 4/7 Address H.D. K. (Date rec'd by registrar) Registrar



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correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

B 01255 Reg. Diat. No. 243

County	Prince			(For newborn infants give residence of mother)		
City or town. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)				State D. C. County Washington		
How long In above place of death? 15 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium				Ulty Of 10Wil	ts, write RURAL and give	nearest town)
			street No. 711 - 24th St., N. E.			
				(If rural, giv	re LOCATION)	V
How long in hospital or	Institution?	5days		2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME	CL	ARK	E, ETHEL		3. (b) Social Securi	ity Number
4. Sex	5. Color or raco	8.(a)Singi	e, married, widowed, or divorced		ERTIFICATION	
Female	Colored	Ma	rried	20. DATE OF DEATH	× 12 04	7 4 35
	Cha	nlos C	Tarko	21. I CERTIFY that death occurred on the date a		
6.(b) Name of husband	or wife	1762 0	Z.GZ. I.O	3/26		
		6. (	c) It alive, give age21years	and that I last saw h. Colalive on	4112	10 47
7. Birth date of deceased (mo., day, y	0 1			and that I last saw it. Faxante on		
8. AGE: Years		Days	It less than one day	Immediais cause of death	culosis	11 mis
24 . 24	7	6				
		Vino	rinia	Que to		*******
			rinia state)	500 10	***************************************	*****
10. Usual occupation	Non	e	***************************************	Que to.	**********	
11. Industry or business				Sue to	***************************************	*******
		nhard		Other conditions	***************************************	******
H 12. Name	Warmonhor	o Vir	ginia	Stret Conditions		
cal 13. Birthplace	Grace Pag	0, 11	ETHILA	(Include pregnancy within	months of death)	
14. Maiden name	Rockfish,	Vingi	ກາ ຄ	Major findings of operations		
15. Birthplace		A 11 81	LILLA			
16. Informant Deceased				Autopsy results		
				PHYSICIAN: Please underline the cause to	which death should be char	ged statistically.
Address			4 13 47	22, VIOLENCE: It death was due to external c	auses, till in the tollowing;	
17. (Buris) cremation	or removal, Which?)	Date ther	eot(month) (day) (year)	Accident, suicide, or homicide	Date of	
	1.1	anh D	C.	Where did injury occur?(City or town		
Cemetery or crematory.				(City or town Injured at home, farm, industry, public place (		
Location Q Q					(where r)	***************************************
18. Funeral director In Except Jarves Co			***************************************	Means of Injury	O O	1
14	29 81A	71 87	2190	(/)= :0/	0/1	2000
Hadiess /	- Jo	ID ID	0 1800:000	23. SIGNATURE A MENULLA	eo Finica	D, or other
19. Oper rec'd by registrar)  (Date rec'd by registrar)			Loud D. / Mengs	Address of lem Wale	md Date sign	



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore RECOV



# CERTIFICATE OF DEATH

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother).
County	State Pestric & 1 Calcondia
(If outside city or town limits, write RURAL and give nearest town)	100
How long in above place of death? 3 Clary	(If outside city or jown lights, write RURAL and give nearest town)
Hospital, institution, or etreet address where death bourred:	Street No. 413-0 NTruef N. C.
How long in hospital or institution?	(If rural, give LOCATION)/
3.(a) FULL NAME	2 (b) Social Security Number
Ernest Laurence	Planke 3.(0) social security Manuscr
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hale white married	20. DATE OF DEATH OF DEATH STORY OF THE STOR
6.(6) Name of husband or wife annie Clarke	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(c) If alive, give age 82 years	19
T. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immedia cause of death
71 9 14 min.	On the Craminal Neumann
Binhall	Traction 2 skeeds
9. 8irihplace	Due to.
1D. Usual occupation. Tanner	Bue to
11. Industry or business Retired	90C 1V.
12. Name Catterdan C Clarke	Other conditions
\$ 13. Birthplace Some, Manual	(Include pregnancy within 3 months of death)
E 14. Maiden name Jarch Wells	
15. Birthplace Borrie, horse	Major findings of operations
16. Interment James of Clarks	Autupsy results.
Address (Some, Woulded	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide Co. dent. Date of 1-1-4
Cemetery or crematory While Miller Ali	Where did injury occurs (City or town) (County (State)
Location Dr. See Lo	Injured at home, farm, Industry, public place operation
18. Funeral director Imacritin of Ca dun of Low	Meens of injury-self down Slauremed at works
Address Parint	Deputy medical farme
	23. SIGNATURE M. D. of other
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Registrar	Address trestull he pate signed 4 sty

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# MARYLAND STATE DEPARTMENT OF HEALTH

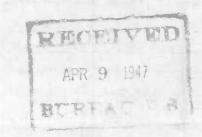
2411 N. Charles St., Baltimore Bra

# CERTIFICATE OF DEATH

(1125) Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  State
How long in hospital or institution?	2.(a) If veleran, name war
	V. D. de Framur 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or worked  Terrole White American	MEDICAL CERTIFICATION  20. DATE DF DEATH.  20. 19.47 at 6 7 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I affended deceased from
7. Birth date of deceaced (mo., day, yr.) October 1 885  8. AGE: Yeare   Months   Days   If leee than one day	and that I last saw h alive on 19 DURATION
61min.	Laline Congestion Dant
9. Birthpiace(Town, county, and state)	discool and all
10. Usual occupation. Sea chel	Due to
11. Industry or businese  12. Name	Dither conditions.
Handler name Margaret Croffey  14. Maiden name Dreland	(Include pregnoncy within 8 months of death)  Major findings of operations.
16. informant Sister gertriede man	Autopsy results
17. (Burial, cremation, or removal, Which?)  Date thereof 4-21-47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, filt in the following:  Accident, suicide, or homicide
Cometery or crematory Attracting Cesterary  Location Sight Steer Track	Where did injury occur? (City or town) (County) (State) Injured af home, farm, industry, public place (where?)
18. Funeral director. Thomas & Haulon Address 64/ St. St. X. E. Wash W.lo-	Meane of Injury  P Injured af work?
19. Okrie 2 ( 19.47 Omaila Down (Date/rec'd by registrar)	Address Holestville had Date signed 4 - 20-4





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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

de	. 6	01259
	0	a. En
	Rog. Dist.	No.

<i>y</i>	Reg. Dist. No
1. PLACE OF DEATH: Prince Deorge	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
100	State County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	
	Street No. 1523 - 22 rd. 87.
Socred Heart Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
NELLIE COLCI	AZIER
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE DE DEATH Offil 2 19 57 at 5 0 PM
	21. I CERTIFY that death courred on the dale above stated: that I attended deceased from
0,(b) Name of husband or wife	
6.(c) If elive, give age	may 1935 10 April 2 1947.
7. Birth date of	and that I last saw hand alive on Office 1
deceased (mo., day, yr.) Wecember > 6, 186>	Immediate cause of death DURATION
8. AGE: Years   Mooths   Days   If less than one day	
8 4 min.	Uc. myocardist fullur unmail
9. Birthplace WASHINGTON D.C.	Bue to Shock how recto- signif
9. Birthplace	, , , , , , , , , , , ,
10. Usual occopation RETIRED	Dalprolafse
10, Valet Cooperior	Due to Ala age
11. Industry or business	<u></u>
12 Name DANIEL COLCLAZIER	Other conditions
	AUGE CAUSINALS
	(include pregnancy within 8 months of death)
14. Maiden game MARTMAN, CRAWFORD	
7. 7. 122.2	Major findings of operations.
15. Birthplace ALEXANDRIA, VA.	
18 Informant SACRED HEART HOME RECORDS	Autonsy results
	PHYSICIAN: Please underline the cause to which death should be charged statletically.
Address Hyattavilla mel	
- Runovale Obs 2.1947	22. VIOLENCE: If death was due to external causes, fill in the following;
Bate thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	Where did injury occur?
location Washing on Drs.	lejured at home, farm, industry, public place (where?)
Ti Chall	Means of Injury Injured at work?
18. Funeral director.	
Address 3821-14th. St. M. Wosh. N.C.	· 1000 110
Addices 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE / Laubs . thea Mis
Jone 2 147 James Severy	M. D. or other
19. (hte roc'd by registrar)	Address 4100-22= k & Bate signed 4/2/47.

SCHOOL STREET, NO. 1 OF BOARDS



TOWN NUMBER OF THE PROPERTY OF

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ADING INK. Supply every item of Physicians: please write the causes

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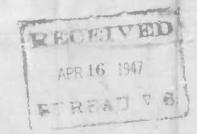
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161-21

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-15

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Jounty Osing Manager	State Maryland county Prince Georges
(If outside city or town limits, write RURAL and give nearest town)	Suit Tand
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street address where death occurred.	Street No. 1722 Huron Avenue, S. E.
Leland Minaual Hospital	(If rural, give LOCATION)
How long in hospital or institution? 36 min	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Raby Roy Cooper	Mone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	4-1 45
Dittric	20. DATE OF DEATH
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended daceaeed from
	4-11- 1947 10 4-11- 1947
7 Birth date of	and that I leat aaw h. 1772 alive on
deceased (mo., day, yr.) 4-11-47	Immediair cause of death la physica meanalasury DURATION
8. AGE: Yeare Months Days If less than one day	15-304
hre30min.	
9. Birthplace Riverdale, Prince Georges Co, Maryland	Oue to.
(Town, county, and atate)	
10. Usual occupation. Mone	Que (q.
1f. Industry or business	
	Other conditions.
Į	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Aulma Marie Wynn	Major findings of operations
15. Birthplace Manyland	Major Badings of operations
16 laterment Hospital records	
16. Intermanf	Autopsy results
Address	
Berrial no hand aper 19, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Wheeh?)  Date fhereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Whera did injury occur?
Location Bladensburg Mel	injured at home, farm, industry, public place (where?)
4. Decelis Sons	Meane of Injury Injured of work?
18. Funeral director.	
Address of faccineties my	23. SIGNATURE. Clarence 1, June M. D. or other
10 And 14 1847 Jams Dever	17 14 01 1 00 DO / 11-11-115
(Date rec'd by registrar) Registrar	Address \ ) Oate signed



1. PLACE OF DEATH: Leg CO.  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn intents give esidence of mother)  State Plant (17)  State Plant (17)  State Plant (17)  Attentioned at
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	City or town (If outside eity or town limiter write RURAL again give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3.(a) FULL NAME Blanche X. Crown	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION  20. DATE DE DEATH. FILL SU 1847, at 10.4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19. 47. to
8. AGE: Years Months Days If less than one dayhrsmin	
9. Birthplace	Due to
10. Usual occupation	Due to
12. Name Samuel Idamel  13. Birthplace Canada	Other conditions
	(Include pregnancy within 3 months of death)  Major findings of operations.
14. Maiden name. Ellie Emerson  15. Birthplace  15. Birthplace	Date of op.
Address 6/12-39 place Hyallantle and,	PHYSICIAN: Please underline the cause to which death should be charged statistically
Burial Bale thereof Arr 28, 1941  (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, "I in the following:  Accident, suicide, or homicide
Cemetery or crematory. Fort Lineolin	Where did injury occur?
a land make	injured al home, farm, industry, public place (where?)
Location Location of Location Manor Md.  18. Funeral director of Location Sans	Means of Injury Injured at work?

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1. PLACE OF DEATH:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

2. USUAL RESIDENCE (HOME) OF DECEASED:

# CERTIFICATE OF DEATH

Reg. Dist. No.

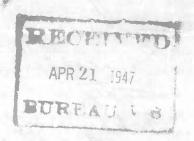
County Trus Cl Year als	(For newborn infants give residence of mother)
Chenoal	State Maryland County Muce Jeorgs
(If outside city or town limits, write RURAL and give nearest town)	City or lown a son Hel
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Fireet No. 6721-1Joen Pand
Truel years Jeneral Hosper	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Alonald Ullen Al	avison
4. Sex 5. Color or race 6.(a) Siggle, married, widowed, or divorced	MEDICAL CERTIFICATION (-
Inale White Souls	OI O TO TO THE OWN
made to the	20. DATE DF DEATH. I TO 19 4 at M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) December 4, 1937	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
9hrsmin.	
	A A
9. Birthglace Washington DC	Due to facture 9 skell
(Town, county, and state)	0
10. Usual occupation.	Due to
11. Industry or business	
E 12 Name hable & Cloouson	Bl Hill
10.	Diher conditions
	(Include prognancy within 8 months of death)
# 14. Maiden name da de herits	
14. Maiden name Jala Schaults  15. Birthplace	Major findings of operations
- 15. 0 mpiaco	
16. informant	Autopsy results
Address 171 Joel RA AE Wood	
121 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide and and a bale of 4-20-4
Cemetery or crematory Cedar Ttill Cornctery	Where did Injury occur? (City or town) (County) (States)
11 4 44	(City or town) (County) (State)
Location Dustland , Just	
18. Funeral director 6/ The Chambers Co.	Means of Aging brought street Lajored at Hortello
510 11th 11 20	legent medical comunic
Address 2/7-//- 5. 8	23. SIGNATURE
Clar 121 167 Penge dob Jarime	M. D. or other
(Date rec'd by registrar)	Address Harashvill W Date signed 4 - 21 - 4

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BURFAULS

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME (For newborn infants give residence	of mother)
State. Manyland,	county Danel Scor Cu.
City or town outside city or town li	mit, write burk and give nearest town)
Street No. 108-5	EVE LOCATION)
2.(a) If veieran, name war	
Cofflemyer	3. (b) Social Security Number 578-12-779:
01	CERTIFICATION
20. DATE OF DEATH. Com	2 19 1947 21/14/
21. I CERTIFY that death occurred on the date	
	.19
and that I last saw halive on	19
Immediate cause of death	e and shock DURATION
Due to multiple	Crush
Due to los	
Other conditions	
(Include pregnancy within	n 3 months of death)
Major findings of operations	
1	Date of op
PHYSICIAN: Please underline the cause to	which death should he charged statistically.
22. VIOLENCE: If death was due to externa	
Accident, suicide, or homicide	
Where did injury occur? A. City or tow	vn) County (State)
Injured at home, farm, industry, public place	(where?)



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5%)

# CERTIFICATE OF DEATH

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Reg.	Diat.	No.		

11264

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary 12nd county Prince Georges
City or town	D. OI
How long in above place of death? Five (3) yeavs.	City or town
Hospital, institution, or street address where death occurred:	Sireet No. 6110 44 th Avenue (If rural, give LOCATION)
How long In hospital or Institution? At Home.	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Florence Mary DC	DWNING
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. April 10, 1947, 21 1/03
S. (b) Name of husband or wife Oscar Ernest Downing	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 75 years	1924 30) 18.46 to April 10, 1941
7. Birth date of 7 P 7	and that I last saw h. C.K. alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Cardiac Fallure DURATION
70 3 2nin.	c Acuse Pulmonery Edema / hr.
London, England	Due to Hyperbension 30 yrs.
9. Birthplace	superimposed on
10. Usual occupation Housewife	Rheumatic Heart Disease 35 urs.
11. Industry or business Home	DUS 10
	Diher conditions Exythem & Nodos um /gr.
12. Hame James Pettengill  13. Birthplace London, England	
11 11 11	(Include pregnancy within 3 months of death)
	Major fiadiags of operations
	Date of op.
16. Informant Husband (Oscar Ernest Downing)	Autopsy results
Address 6110 44 th Avenue, Riverdale, Md.	
17 Cremation Date thereof april 14, 1947	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Buriel, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Comelery or crematory. Ceffan Title	Whers did injury occur?
Location suitland md	injured at home, farm, industry, public place (where?)
I Grad's some	Mssns ot Injury Injured at work?
18. Funeral director	110 Hold. P 200
Address Stfallsville Ind.	23. SIGNATURE Calcul W. Stron, M.D.
19 april & 147 James Seray	4404 Quanstum Pd. M. D. or other 4-10-47
(Vate rec'd by registrar) Registrar	Address Date signed

RECEIVED APR 14 1947

BUREAU V 8

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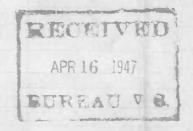
# CERTIFICATE OF DEATH

1. PLACE OF DEATH: ' County Think & Seo .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give regidence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland goupty Thurs Selo:
How long in above place of death? 6 7/25	City or town
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
FRANK R. DRAKE	577-07-4373
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. 15 April 19.47 21 7.30 AM
6.(6) Name of husband or wife Lennie 911. Drake	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	7 June 1946 10 15 april 1947
7. Birth date of 0 1 1007	and that I last saw h. same alive on
deceased (mo., day, yr.) (MC) (NB - 101)	Immediate cause of death tesus hage maretim DURATION
8. AGE: Years Months Days It less than one day	and throubour of the lung. 2 much
34 0 0 min.	
9. Birthplace ST Jours Mo.	Due to Jost operative gall bladder
(Town, county, and state)	umval 3 april 0/9 T 1
10. Usual occupation.	Dus to
11. Industry or business	
12. Name of Cours mo.	Bither conditions Charles being Charlell Many Several
	(Include pregnancy within 3 months of death)
14. Maiden name Zenknown  15. Birthplace Zenknown	Major findings of operations Cholesophiles and cholesophiasia
15. Birthplace Impulocen	gangene gall bladden hyall bate of on 3 afral 4)
16. Interpret St. Il sure of sales	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address andolph Dillage That	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which)  (Burial, cremation, or removal. Which)	Accident, suicide, or homicide
Cemelery or crematory Colder Adule	Where did injury occur?
Location Sheatland med'	Injured at home, farm, Industry, public place (where?)
1.5. 1.5 Pha her Pa	Means of Injury Injured at work?
Address 5 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Show Brotherd Mis .
	23. SIGNATURE M.D. or other
19 april 15 1947 Carrie F. Campfell	2201 R9 Got NE 1506. Bate signed 15 960 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Permission to sign certificate was obtained from coroner James E.Boyd M.D. It was explained that patient dropped dead following recent discharge from Doctor's Hospital where he had gall bladder removed 3 April 1947. Yesterday (14 April, 1947) he called to advise that he had a "stitch "in right side with some shortness of breath. It was relieved with a sedative. Later in the day he passed some blood clots. Pulmonary embolism was suspected and deceased was ordered to bed rest. While eating breakfast this morning he was seized with agonizing pain in chest, blindness, shortness of breath. Deceased had typical cyanosis of massive pulmonary infarction. Dead on arrival.

15 april 47 Mus Emallingly M. D.



VS A15

-Evidence for addition of "usual residence and of HEALTH of deceased" shown on: MARYLAND STATE DEPARTMENT OF HEALTH of deceased" shown on: 2411 N. Charles St., Baltimore 157-0

(1251 Reg. Dist. No. 239

# 1 1 U JUN 13 1947 CERTIFICATE OF DEATH

FILM No. U 1220	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland county Howard lance Hong
City or town	City or town. [If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	" " P. D 1
Hospital, Institution, or street address where have occurred.	Street No. Ro (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3, (a) FULL NAME	3.(b) Social Security Number
Wassen La wen	is of Klushaix
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MÉDICAL CERTIFICATION
Make White	20. DATE OF DEATH. # -2 8 18 # 18 M
Mac	21. I CERTIFY that death oppurred on the date above stated; that I attended deceased from
8.(b) Hame of husband or wife	19 to 19
7. Birth date of	end that I last saw h
deceased (mo., day, yr.)  8 A.G.F. Years   Months   Days   If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days IT less than one day	
Birech - Masketal	Bue to.
8. Birthplace	
10. Usual occupation.	Bue to.
11. Industry or business	
12. Name // dyrunhunghungh	Dther conditions
12. Name Jensey Cf. p	(Include pregnancy within 8 months of death)
14. Malden name. Jane 20104 Supper	Major findings of operations
14. Maiden name. A ARL Maiden name. A ARL Maiden name. A ARL Maiden name. A ARL MAIDEN AND MAIDEN A	Date of op.
18. Interment Leoce feb tue	
Address Lawrel Mid	Autopsy results
(3.11) (Aux 30/18)	2. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Cargonical Land	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A Company of the Contraction	Means of Injury Injured at work?
Address Says Md	B'zahenne 11 1
4-30 47 Cos E. Warlet	23. SIGNATURE M.D. or other
19. (Date ree'd by registrar) Registrar	Address Date signed Date

MAY 3 1947 EURFAU V 8

2 3 5 6 3 July 2011

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

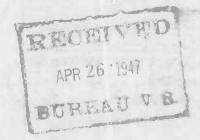
2411 N. Charles St., Baltimore 93-2

B

# CERTIFICATE OF DEATH

01266 Reg. Dist. No. 23

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Chevenly Chevenly	State District of Columbinary
Cliy or town Chevenly (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 362 days.  Hospital, institution, or street address where death occurred:	
Prince George's General Hospital	Street No. 3502 Quesada Street N.W.
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Grace Clementine Farrow	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH April 23 19 47 at 3:40 A
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of A 2 2 C 2 C C 2 C C 2 C C 2 C C 2 C C 2 C C C 2 C C C 2 C	and that I last saw halive os
deceased (mo., day, yr.) April 6,1869  8. AGE: Years   Months   Days   If less than one day	Immedia: cause of death Congestive heart DURATION
78 17hrsmin.	failure
	Due to Myocardosis
9. Birthplace Watertown, New York (lown, county, and state)	Due to
1D. Usual occupation. Clerk	Buo in
11. Industry or business Census Bureau	DUE 10.
12 Name Charles F. Keefer	Dither conditions Ununited fracture of right
12. Name Charles F. Keefer 13. Birthplace Germany	femur (Include pregnancy within 3 months of death)
14. Maiden name Emma E. Beall	Major findings of operationsAmputationofrightlogat
15. Birtholace Watertown, New York	mid-thigh Date of operations.
14. Malden name Emma E. Beall 15. Birthplace Watertown, New York 16. Informant Mrs. Grace Eccard	Antopsy results.
TO, INCINENT	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 3502 Quesada Street, N.W. D.C.  11. Bursel  Date thereof full 25 1947  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Durier, Cremetion, or removal, which;	Accident, suicide, or homicide
Cemetery or crematory arlington Matil Com.	Where did Injury occur? Suitland P. C. Maryland (City or town) (County) (State)
Location arlington Virginia	Injured at home, tarm, Industry, public place (where?) .street : Suitland
18. Funeral director of A Thinle Cs.	Meens of injury Slipped fell on injured at work?
Address 2 901-144 St. N. W. 111 ash. De.	pavement uput vedes &
	23. SIGNATURE
April 23 1847 James Severy	Justilleud Bate signed 4-23-4



PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-Z)

# CERTIFICATE OF DEATH

245

	Nog. Dist. 10.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Lande Leange	2, 0
(If outside city or town limits, write RURAL and give nearest town)	3
How long in above place of death?	City or town
Hospitat, institution, or street address where death becamed:	Street No. Borner Laciter Comp.
Eugene La Sand gramonal:	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mas Eva taul.	
4. Sex   5. Cotor or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	0 .0 24 47 6100
Lemale White Widowed.	2D. DATE DF DEATH. 10. at
8.(6) Namo of husband or wife D. M.a. Cha. Stan I-aul.	21. I CERILEY that death occurred on the date above stated; that Lattended deceased from
Dea eas ed	197, 197, 10
7. Birth date of	and that I last saw harmalive on 19
deceased (mo., day, yr.) Sept 3, 1887.	Immediair cause of death DURATION
8. AGE: Years   Months   Days   It loss than one day	trailure with 6 ho
59,1997 ] 21hrsmin.	Carchae Delongerishon
a Birthelose 1 NO 11 Pays Tours.	Due to acute Coronery Af. / day
9. Birthplace	Disease of
10. Usual occupation	Dus to Islerisale the Af.
11, industry or business	Disease 20±yr
	Bihar conditions
	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Catherine Dones Stands	Major findings of operations.
15. Birthplaco	Dato ot op.
0	Autopsy results
16. Informant 10 beach the Law 1 30.M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Banuer Janlan Camp.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial, cremation, or removal. Which?)  Bato thereof. 4-2.5 +7. (month) (day) (year)	Accident, suicide, or homicide
1. 00 7 1.	Where did Interv secur?
Comotery or crematory Wall dakey	Whors did Injury occur?
Location	Injured at home, farm, Industry, public place (where?)
MINICA ALAR CO	Mesns of injury Injured at work?
18. Funeral director	1110 m. 11 m.
Address Muldle wil	23 SIGNATURE Makes M. Jifson, M.
april 24 us James Severs	11 0 0 111d M. D. or other
Date rec'd by registrar) Registrar	Address Date signod Ly

APR 26 1947

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (B)-Q) CERTIFICATE OF DEATH

O 1268

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	sillette Islandunty
How long in above piace of death?	City or town
Hospital, Institution, as street address where death occurred:	Street No. 4 / No. A Street No. 4 (If rural, gir LOCATION)
How long in hospital or institution?	2.(a) th veteran, name war.
2 (a) FILL NAME A A	2 (b) S15
Florendo Gavell	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white married	20. DATE DE DEATH. PARL 1 19.14 7, 21 6 4
B.(b) Name of husband or wife Catherine Gatellere	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
\$ (c) If alive, give age (c. 5 years	19
7. Birth date of deceased (mo., day, yr.) Aprill. 1888	and that I last saw h
8. AGE: Years   Months	Immediate cause of death
T min.	Least Jackery
Birthplace & partiella, trouver of tise, staly.	Due to Candifornia
10. Usual occupation. Bulcher	leval dustara
11. Industry or business Restourant	Due to
	Other conditions.
12. Name	(Include pregnancy within 8 months of death)
14. Maiden name Caroline Gambunia	
14. Maiden name Caroline Hamburia	Major findings of operations.  Date of op.
16, informant la atherine Gafellere	Autopsy results.
Address # Bradford St. Providence Q. 2.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, criffiction, or removal, Which?) (month) (day) (year)  Cemetery or crematory	Where did Injury occur?
Location 189 atuells and Practice & D.	(City or town) (County) (State)
	Means of injury Injured at work?
18. Funeral director grance Jaschia forms	lepuly medical ferme
Address Hoyattsviller Mg	23. SIGNATURE OF STATE OF STAT
19. 4/2 47 Unanda Vleune	Address Thestall no bate signed 4-11-4



2411 N. Charles St., Baltimore 33

# CERTIFICATE OF DEATH

(1203 Reg. Dist. No.239

1. PLACE OF DEATH:  County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  385 MAIN STREET	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long In hospital or institution?	2.(a) If veteran, name war
ANNA PANARETOS GAVRILE.	3. (b) Social Security Number
4. Sex 5. Color or race FEMALE WHITE WIDOWED	MEDICAL CERTIFICATION  2D. DATE OF DEATH. APRIL 10 9 19.47 11.35 Lm
8.(b) Name of husband or wife SPEROS GAVRILES  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) JAN, 8, 1871	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  7. (4. (6
8. AGE: Years Months Days I less than one day 2hrsmin.	Gerron rock (d
9. Birthpiace	Due 10
14. Maiden name	(Include pregnancy within 3 months of death)  Major fiadings of operations
16. Informant C. H.R. IST. I.N.A. GAV.RILES  Address 385 MAIN St., LAUREL, Md.  17. BURIAL Date thereof H— 14— 47  (Burial, cremation, or removal, Which?)  Cemetery or crematory NOODLAWN CEMETERY  Location BALTIMORE Md.  18. Funeral director Facility of the control o	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: t1 death was due to external causes, fill in the following: Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

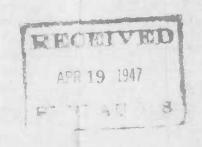
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APR 14 1947

BLESS 4. 9

M. D. of other

State County	
State County  City or town UISTRICT OF COLUMBIA  (If outside city or town limits, write RURAL and give nearest town  3914-215-578	n)
Street No. 3914-2157 STR. N.E.	
(If rural, give LOCATION)	- /
2.(a) If veteran, name war	
3. (b) Social Security Number	
ACRES OF THE STATE	
MEDICAL CERTIFICATION	20
2D. DATE OF DEATH APRIL 17 19.47 01/0	AM
21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	
	.19
and that I last saw halive on	
Immedia: cause of death.  Di	PATION
Due 10 Intra Carrial harun	
Due to Facture of shull	
AD	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date of op.	
Antopsy results.	
PHYSICIAN: Please underline the cause to which death should be charged statistical	Ny.
22. VIOLENCE: If death was due to external causes, till in the tollowing:	
Accident, suicide, or homicide, hulling Date of	
Where did Injury occur?	
Injured at home, farm, Industry, public place (where?)	
Means of Injury fojured at work?	



MARGIN RESERVED FOR BINDING

County Pounce

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

01270

DURATION

	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
	State Mary County Trunca Agonosce
	State II County County
	1 - 1 - 1 - 10 - 10
	City or town D Relation Ville III d.
	City or town
	(If outside city or town limits, write RURAL and give nearest town)
Н	A THE STATE OF THE
	Street No

How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or givest address where death occurred Hospital	Street No. 7 7 (If rural, give LOCATION)
How long In hospital or institution? 15 minutes	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Gover, Edward Murray	
Mala White B.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 42. 21. 6.
8, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etaled; that I ettended deceased from
7. Birth date of deceased (mo., day, yr.) October 28, 1887	and that I last eaw h. J. 20 alive on 4 - 10 - 47 19
8. AGE: Yeare   Months   Daye   It less than one day  hrsmln.	Immediais cause of death DURA Coronay orders
9. Birthplace Found alia (Town, county, and state)	Due to.
10. Usual occupation Mayon of Avallerille, Md.	Due to
11. Industry or buelnese	
12. Name	Other conditions
14. Malden name umknown	(Include pregnancy within 8 months of death)  Major findings of operations
S 15. Birthplace	Date of op.
16. Interment Llora L. Lovar	Autopsy results
Burial Bate thereof April 12, 1947	22. VIOLENCE: If death wae due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removed. Which?) (mgnth) (day (year)  Cemetery or crematory Freedom (constant)	Where did Injury occur?
Location Triendslift Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Rusche Long	Meane of Injury Injured at work?
Address Afallsvelle my,	23 SIGNATURE Some PROBLEM MIX
19 4 (Date rec'd by registrar) 19 47 Umanda Dounes Registrar	Address Harallo Sund Bate School - 47

PRESENT VERSON APRIA 1947
BUREAU VERSON VERS

PLEASE

MARYL	AND	STATE	DEPARTMENT	OF	HEALT	I

2411 N. Charles St., Baltimore (Bfa)

### CERTIFICATE OF DEATH

(11271) Reg. Dist. No. 23 2

1. PLACE-OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Succe George	7
City or town	State Many County Manuel George
How long in above place of death? 2 8 years	(If outside cits or town limits, write RUBAL and give nearest town)
Hospital, institution, or street address where death occurred.	Street No. allentown food
allentour ( oag	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
andrew gray	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored manual	20. DATE DE DEATH april 8 1947 at 800 M
Bennie On	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	1910
7. Birth date of	and that I last saw halive on15
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years   Months   Days   if less than one day	Consostus heart
60hrsmin.	Liller
9. Birthplace Maryland	Cardy or sendal real
(Tawn, county, and atate)	also en o
10. Usual occupation. Table	Due to.
11. Industry or business	
# 12. Name Jeweller gray	Dither conditions
12. Name Jewelle 13. Birthplace warla	
	(Include pregnancy within 8 months of death)
14. Malden name Elizabeth American State of the State of	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant	Autopsy results.
Address Canada Staring had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 7 ( apr. 11.1947	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery of monators It Thromas nettre and Irush you	Where did injury occur?
Location Marianca Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Exame Lord	Means of Injury Injured at work?
20 120 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Reputy mederal framere
Address 13 - 13 - 15 St. C.	23. SIGNATURE. O. O. o. other
19 /Think 8 /44710 Cours/Olly offer	12-0-100 A 15-6-17
Date rec'd by registrar) Registrar	Address ate signed



	0
6	X
-	1

Reg. Dist. No. 243

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Prince Georges D. C. County City or town Glenn Dale, Maryland. (If outside city or town fimits, write RURAL and give nearest town) City or town Washington Hospital, Institution, or street address where death occurred; 2917 Olive Place, N. W. Georgetown clearly Glenn Dale Sanatorium How long in hospital or institution? 1 month, 4 days information of death cle 3. (a) FULL NAME 3. (b) Social Security Number WILLIAM GREEN TAMES 229-26-7582 5. Color or raco 8.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING Male White Single 21. I CERTIFY that death occurred on the date above stated; that | attended deceased from 6.(b) Name of husband or wite..... 1847, 10 APRIL 25 19.4 July 22, 1890 deceased (mo., day, yr.) Immediair cause of death 8. AGE: It less than one day MARGIN RESERVED 56 9. Birthplace......King George Co., Virginia Cook 10. Usual occupation... 11. industry or business Peter Pan Restaurant 12. Name C. C. Green Stafford, Virginia 13. Birthplace (Include pregnancy within 3 months of death) Georganna Morgan 14. Maiden name...... Major findings of operations..... 15. Birtholace King George Co., Virginia 16. Informant Deceased especiall PLAINLY is especial PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did injury occur? .....(City or town) WRITE Injured at home, farm, Industry, public place (where?) .... Masns of Injury

PLEA

injured at work?



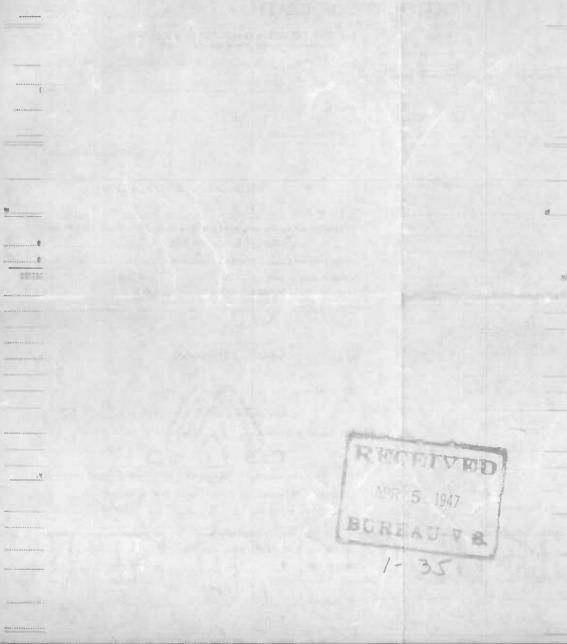
MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore 93-0	*	
ERTIFICATE OF DEATH	46	Reg. Dist. No. 245

200 1/20/11	IE OF DEATH  Reg. Dist. No. 244
1. PLACE OF DEATH:  County FRINCE GEORGES  City or town NEAR COLLEGE PARK  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  MONTHS  Hospital, institution, or street address where death occurred:  Mother Jones Rest Home  No the Roy long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
0 = 0 2 - 1 - 1	
4. Ses   5. Color or race   6.(a)Single, married, widowed, or divorced   5 1 Ng 1 e	MEDICAL CERTIFICATION  20. DATE DF DEATH. A PRIL 19 47, at S.
6.(b) Name of husband or wife  6.(c) If alive, give age year  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  82 # 11 2 3 hrs. min  9. Birthplace Mycesylle Leed Co., Mc.  Town, county, and state)  10. Usual occupation Reflect Days and state  11. Industry or business  12. Name A.O.L.S. M.O.S. M.  13. Birthplace Geemany  14. Maiden name Messter Remsburg  15. Birthplace Mycesylle Md.	Due to Charles exclusive She She Cardina Conditions (Include pregnancy within 8 months of death)  Major findings of operations.
16 Informant MRS Holly Gladhill	Autopsy results
Address BROWNING SUITE, RED. HONROVIE  17. BURIAL Date thereof ARIL 4, 1947  (Burial, cremation, or removal. Which?)  Cemetery or crematory Bothes AR	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location TEAMINGS VILLE MAL	Injured at home, farm, Industry, public place (where?)
Address DAMASCUS Md.  1941 2 Jams Severy  (Pate rec'd by registrar)  Registrar	23. SIGNATURE COLLEGE GARAGES BLOWN D. OF STHEET  Address Blown Date signed GALA



I	WITH U
• ×	PLAINLY,
9-45-15M	WRITE
VS A15	PLEASE

	re of Death
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State D. C. Coucty  City or town Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 14011 — 3rd St., S. E.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female Colored Married	MEDICAL CERTIFICATION  20. DATE OF DEATH APRIL 24 1947 16:00 P.
6.(b) Name of husband or wife. Harry F. Jackson  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  27 27 7 26 hrs. min.  9. Birthplace Greenville, South Carolina (Town, county, and state)  10. Usuat occupation Housewife  11. Industry or business  12. Name Frank Henderson  13. Birthplace Greenville, South Carolina  14. Malden name Mamie Baten  15. Birthplace Columbia, South Carolina	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from APRIL 2 19.47.  and that I last saw h. & R. alive on APRIL 2.4 19.42.  Immediate cause of death
16. Informant  Address  17. Research  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Location  Address  901 - 3 - St. 5. W  19. Address  (Date ree'd by registrar)  19. Open St. 1947 Rowland S. Philips  (Date ree'd by registrar)	Actopsy results.  PHYSICIAN: Please woderline the caose to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

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PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56)

# CERTIFICATE OF DEATH

(127)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County / resce gloves	(For newborn infants give residence of mother)
City or town. Cquesco f ///a	State County
(If outside sity or town limits, write RURAL and give nearest town)	City or town
How long In above place of death?	(if outside city of town limits, write NORAL and give nearest town)
nuspital, institution, of officer addition where does not a desired	Street No
	2.(a) If veteran, name wer
How long in hospital or institution?	
3. (a) FULL NAME Johnson	3. (b) Social Security Number
4. Sex   5 foior or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Colored married	20. DATE DF DEATH. (1521 28 19 47, a) 5:45 A W
Constant of season	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	March 20 19 47 to april 28 19 47
7. Birth date of YM () if affire, give ageyears	and that I last sew h . A . alive on Cipril 20 1947
deceased (mo., day, yr.) March 4 190:2	Immediair caured death Cardiovascular DURATION
8. AGE: Years   Months   Days   less than one day	(Circulatory) collapse
45 1 24hrs. min.	+ andia
Claurana md.	Lace sie man delle heest
9. 8irthplace	Due to.
1D. Usual occupation Houselevorte	And the state of t
	Due to
11. Industry or business	
12. Name Thomas Fowler 13. Birthplace agraeco, Md.	Other conditions
Z 13. Birthplace Ciquaeco, Md.	(Include pregnancy within 3 months of death)
14. Malden name Nancy Contel	
15. Birthplace agreed acco, md.	Major findings of operations.
21 15. Birthplace Cugarate 110	Date of op.
16. Informant Walter Tawar States	Antopsy results
Address (Fallemore, md,	
Burial CD-1-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)  Bata thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. St / Lucky	Where did Injury occur?
6 Aucus Side	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	means of injury
Address Walkey and	la source ( liked K. Labon MN.
ahil 28th 1570 Mrs. Bharald ( no	23 SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address Date signed pul \$ 194



2411 N. Charles St., Battimore 9330

#### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new)orn infapts give residence of mother)  State
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME  Letterel  4. Sex   5. Color or race   8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
From Colored married	20. DATE OF DEATH A 15 - 3 18 47 25.13 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 3-23-47.19
7. Birth date of deceased (mo., day, yr.) Fach 3, 1892	and that I last saw h LIV alive on 4 - 1 - 47 19
8. AGE: Years Months Days If less than one dayhrsmin.	Cardiac Failure
9. Birthplace Ouvernment Sac  10. Usual occupation. Advanced Comments	Due to Carrio vascular dissas!
11, Industry gr-basiness	Due 10.
12. Name Carles  13. Siethplace Sec.	Diher conditions
14. Maiden name munich del	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
16. Informant Solic Cull Solomon	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 702 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22. VIOLENCE: If death was due to external causes, fill In the following;  Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location 18. Funeral director 18. July 18. Funeral director 18.	Means of Injury Injured at work?
Address Dissipation	23. SIGNATURE Golow B. Lynn, M. M. or other
19 (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address 130 we md Bate signed 9-3-47

MARGIN RESERVED FOR BINDING 9-45-15M PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incrorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WRITE

PLEASE



The sorrect age

MARGIN RESERVED FOR BINDING

PLEASE

### CERTIFICATE OF DEATH

Reg. Dist. No. 239

County	City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Robert Fance.	3. (b) Social Security Number
6.(a) Single, married, widowed, or divorced  Male With Married, widowed, or divorced  6.(b) Name of bushand or wife. Laras Cardina Hockett  6.(c) If alive, give ago, years	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day hrs. min.  9. Birthplace Yown, county, and state)	and that I last saw h. M. alive on C. 19.4.  Invaedini, cause of death  DURATION  Due to.
10. Usual occupation	Oue to
13. Birthplace  14. Malden name  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations
Address  17. (Burual Date mereot affine 9-47) (Burial, cremation, or removal. Which?)  18. Informant Date mereot affine 9-47 (possible (day) (year)	Autopsy results PHYS1C1AN: Please underline the cause to which death should be charged statistically.  22. V10LENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Clausing Town Cultury  18. Funeral director.	Where did injury occur?
Address SOK FUST  19. 4 - 7 (Date rec'd by registrar)  19. 47 CAL C Wachte Registrar	23. SIGNATURE LASE GIFTON M. D. of other M. O. of other M. O. of other M. D. of other M. O. of o

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

I a HOULE DECIDENCE (EXONAE) OF DECEASED

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Reg. Diat. No.

Chy or form.  (If cousind edg or town limits, writer NUAAL and give nearest town)  Brow long in about a lace of death?  Baspila, institution, or street address when death occurred:    Baspila, institution, or street address when death occurred:   Since In. 38	1. PLACE OF DEATH: Leone	(For newborn infants give residence of mother)
City or town. (If counting extry or town limits, write yellow the property of	County	
Bow long in above place of death   Bospital Intilutions, or street address where death occurred:	City or town.	_ / / _ /
Bospital   Institution, or street address where death occurred:		
Bew long in hespital or institution?  3. (a) FULL NAME  SIDOR  AVIVE  3. (b) Social Security Number  SIZOR M- LA VIVE  S. Color or race  6. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DE DEATH  21. DESTRIPT, that death descired on the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated of the date above stated; that I attended deceased demonstrated that I left saw h. N.Co., alive on 19. 4.7. at 7. in 19. 4.7. i		(If outside city or town limits, write-trackal and give hearest town)
Boy long in hospital or institution?  3. (a) FULL NAME  S. Do R M. LA VINE  S. Object of race  S. (a) Single, marriet, widowed, or discreed  MEDICAL CERTIFICATION  20. DATE DF DEATH.  19. 4.7. gt. 19.		Street No. 38 24 54 127
3. (a) FULL NAME  4. Set		
4. Sex S. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION  20. DATE DE DEATH  21. I CERTIFY (And least become to the date above stated; that at stended deceased from for deceased (no. 607, yz)  15. I T. J.	How long in hospital or institution?	2.(a) If veteran, name war.
4. Sex S. Doler or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION  20. DATE DE DEATH  21. I CERTIFY (and eash becarried on the date above stated; that I attended deceased from the date above stated; that I attended the date above stated; that I attended deceased from the	3. (a) FULL NAME	3. (b) Social Security Number
8. Solies or race  6. (a) Single, married, widewed, or diversed  MEDICAL CERTIFICATION  20. DATE OF DEATH		VINE
8.(6) Name of husband or wife  8.(6) Name of husband or wife  8.(6) Hame of husband or wife  8.(6) It alive, give age  9. Birth date of  9. Birth date of  9. Birth place  9. Birt		
8. (6) Name of husband or wife	4. Sex 5. Color of race 6.(3/Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (c) It alive, give age years and that I lets saw h. k. (c) alive on	m wo married	20. DATE DE DEATH 3 19 47, 21 7 P. M
8. (c) It alive, give age years and that I lets saw h. k. (c) alive on	Bessie.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased term
7. Birlh date of deceased (min, day, yr.)  8. AGE: Year Months  10. Brithplace  (Tohy Jounty, and state)  11. Industry or Business  12. Name  13. Birlhplace  (Tohy Jounty, and state)  14. Maiden name  15. Birlhplace  16. Informants  16. Birlhplace  16. Informants  17. Marken same  18. Address  18. Funeral director memory (min)  18. Funeral director memory (min)  18. Funeral director memory (min)  19. Funeral director memory (min)  1	6.(b) Name of husband or wife	
Second   Control   Country   Count		
3. AGE: Year Months Days It less than one day		
9. Birthplace (Town Jounty, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  17. Mayor findings of operations.  18. Birthplace  19. Canagus  19. Canagus  10. Business of operations.  11. Data thereof.  12. Violence: It death was due to external causes, till in the following;  18. Funeral director.  18. Funeral director.  19. Canagus  19. Canagu		All Michael Called Co. Containing
9. Birthplace (Toyu, Jounty, and state) 10. Usual occupation. 11. Industry or business  Experiment of the state of the sta	8. AGE: Tears months bays It less than one day	State to the total
11. Industry or business    12. Name	42 10hrsmin.	occlusion
11. Industry or business    12. Name	Markey Was	Min.
10. Usual occupation.  11. Industry or business    12. Name	9. Birthplace (Town, county, and state)	Due to
11. Industry or business    12. Hame		
12. Name	1D. Usual occupation.	Due to
14. Maiden name   14. Maiden name   15. Birthplace   16. Informant   16. Inf		
14. Maiden name   14. Maiden name   15. Birthplace   16. Informant   16. Inf	12 Name Planne	Other conditions
14. Maiden name   14. Maiden name   15. Birthplace   16. Informant   16. Inf	12	
14. Major findings of operations.  15. Birthplace  16. Informant 15. Fanaget 15. Major findings of operations.  16. Informant 15. Fanaget 15. Major findings of operations.  17. Dunal 16. Informant 15. Fanaget 15. Major findings of operations.  18. Funeral director.  19. Fanaget 15. Major findings of operations.  Major findings of operations.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Mesns of Injury Injured at work?  23. SIGNATURE.  M. D. or other 15. Fig. 15. F	tail 13. birinplace	(Include pregnancy within 8 months of death)
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	14. Malden name.	
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	S 45 Biddeless	
Address   3 \$ 8 . Fanagut 5 / West   PHYSICIAN: Please underline the cause to which death should be charged statistically.  11 / Dunal (Burial, cremation, or removing which?)  Cemetery or crematory.  Location	21 13. Brimpiacy	
Address   3   8   Canage   5	18. Informant Qu / Tarota · H xaveya	
Date thereof   Date of   Date	Address 1388. Fanagut St. My	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removate which?)  Cemetery or crematory.  Location  18. Funeral director.  Address 777 - 973 St. N. M.  Address 777 - 973 St. N. M.  19. The standard of the standard o	But I Ober 2 18.6	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Cemetery or crematory.  Location  Location  18. Funeral director.  Address + 17 - 9 + 5+. N M  19. Full 5 1947 January Severy  19. Full 5 1947 January Severy  23. SIGNATURE  23. SIGNATURE  24. Signature  24. Signature  25. Signature  26. Signature  27. Signature  28. Signature  28. Signature  29. Signatur	Date thereof (month) (day) (ween)	Accident, suicide, or homicide
Location Company Injured at home, farm, industry, public place (where?)  18. Funeral director Soldherf Formeral Nome Mesns of Injury Injured at work?  Address 777 - 973 St. N. N. 23. SIGNATURE Soldherf M. D. or other  18. Funeral director Soldherf Formeral Nome Mesns of Injury Injured at work?  23. SIGNATURE Soldherf M. D. or other  28. 20. 3 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Where did injury occur?
18. Funeral director Soldherf Formeral None Mesns of Injury Injured at work?  Address H717 - 9 45 St. N XI  18. Funeral director Soldherf Formeral None Mesns of Injury Injured at work?  23. SIGNATURE 19 11 Notation M. D. or other 38323457 M. D. or other 38323457	Cemetery or crematory	
18. Funeral director Soldharf Francis Conce Mesns of Injury Injured at work?  Address + 17 - 9 45 St. N XI  19. April 5 1947 January Serry 23. SIGNATURE 1977 H Norther 38323457 M. D. or other 19. 47	Location Wasg. Da.	Injured at home, farm, Industry, public place (where?)
Address 777 - 943 St. N. d. 23. SIGNATURE WM Norther M. D. or other 38223487 M.D. or other 19,77 January Servey 38223487	G. Lilla A.F. and Alorena	Mesns of Injury Injured at work?
19, Afal 5 1947 Jany Sever 23. SIGNATURE M. D. or other 383234\$†	18. Funeral director	Cular 11 Do 1
19. April 5 1947 Jany Serry 3852-3447 M. D. or other 47	Address 4717 - 977 St. N W	VIII H VIAGIATI
19. The 3 19th they very 3852 3487	aut 5 107 1 - Kourse	23. SIGNATURE M. D. or other
Whate rec'd by registrar) Registrar   Address   Address	18. The state of t	2837.3487 4-5.47
	Wate rec'd by registrar) Registrar	Address Date Signed

Draw ih Isodore Lovins at 145°P". give him moch buth gry - and mitroglycering 1,50. Pain suberded. gateent was comfortable mutil about 655 p.m. had driather attack and pussed away at 7 P.M. Consulted de James Boyh + coroner of Pr. geo. Co.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

#### CERTIFICATE OF DEATH

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants gir gresidence) of mother)  State County
3. (a) FULL NAME  Trank Pierre Se  4. Sex   5. Color or race   6.(a) Single, married, widowed, or different o	3.(b) Social Security Number  579-20-1484  MEDICAL CERTIFICATION
male white married	2D. DATE OF DEATH. Office 19 19 19 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Namo of husband or wife file file file file file file file f	21. I DENTIFY that death occurred on the date above stated, that a stended decease them
deceased (mo., day, yr.)  8. AGE: Years Months Days tf less than one day  0 12min.	Immediate trause of death OURATION and Shorth
9. Birthplace Feldersburg, and state)	Due to Crusted shull
10. Usual occupation	Due to
12. Name Frank . Letter  13. Birthplace  Benzue	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Conn E. Serry  15. Birthplace	Major findings of operations
Address Marshington, De,	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, "I in the following:
17. (Burial, cremation, or removal, Which?)  Date thereof (month) (dfy) (year)	Accident, suicide, or homicide and and an entire an entire and an entire an entire and an entire an entire an entire and an entire and an entire and an entire and an enti
Location 4th x Harvard of n.w washington	Thjured at home, farm, Industry, public place (where?)
18. Funeral director of Gaselie sond,	Tepath medical Epannie
19 Aul 19 1947 Jany Sever Registrar	Addross. Hesterall are Dato signoit - 19

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2411 N. Charles St., Baltimore (46-8)

# CERTIFICATE OF DEATH

1 10			
y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
The	County	State and County Great	0 50
y.	(If outside city or town limits, write RURAL and give nearest town)	City or town Wyattsvelle m	d
ull	How long in above place of death?	(II ontoide city or town limits, write KURAL and give	nearest town)
carefully.	Hospital, Institution, or street address where death occurred:	Street No. 4103 Ourer s	1 17
on care clearly		(If rural, give LOCATION)	
ion cl	How long in hospital or institution?	2.(a) If veteran, name war	
information of death cle	3. (a) FULL NAME Slorothy C, Lud		ity Number
inf	4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
em of	Temale white married	20. DATE OF DEATH APRIL 8 19	1 73- A
every item ite the caus	8.(6) Name of husband or wife Lact Ludwig	21. I CERTIFY that death occurred on the date above stated; that I attended d	eceased from
te t	7. Birth date of	and that I last saw h alive on	19.74
	deceased (mo., day, yr.) Mar 13, 1914	Immediate cause ul death	DURATION
K. Supply please wr	8. AGE: Years Months Days If less than one day	Caruiano	*******
Su	33-  hrsmin.	Howel	
. p	9. Birtholace	Due to	***************************************
INK ins: ]	(Town, county, and atote)		
23:53	10. Usual occupation.	Due to	
ADING INK Physicians:	11. Industry or business		
P	E 12. Name John Christ	Other conditions	
E H	X 13. Birthplace Md,	(Include pregnancy within 3 months of death)	
WITH UNI	# 14. Majden name unknown		
WITH impor	14. Malden name unknown  15. Birthplace unknown	Major findings of operations.	
1	Vearl Judian		>>>>
ally,	16. Informant	Autopsy results	ged statistically.
CAINLY, especially	Address Syawsvelle 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
PLAIN s espec	17. Burial Date thereof Br 11, 194/6	Accident, suicide, or homicide	=======================================
100	(Burial, cremation, or removal, Which) (month) (des) (year)		
TE	Cemetery or crematory	Whera did injury occur? (City or town) (County)	
WRI	Location Carlington Pa.	Injured at home, farm, Industry, public place (where?)	
	16. Funeral director & Casche Some.	Means of Injury Injured at work?	
SE	Al-1-Tto-ille and	$m + 1 \cdot 0$	
PLEA	Address Sygniverice org,	23. SIGNATURE COLOR CO.	D, or other
PL	19. Charle lee'd by registrar)  (Date lee'd by registrar)	Address 48 attack, & Date sign	1/2G111

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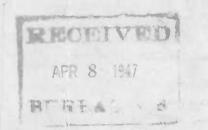


2411 N. Charles St., Baltimore 133-2

### CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Prince Seorges	(For newborn infants give residence of mother)
( UO ALVEVIA O . PINIV .	State County Many XXX
(If outside city or town lights, write RUFAL and give nearest town)	City or town tenniques
How long in above place of death?	(If outside city or togn limits, write RURAL and give nearest town)
Hospital, Institution, or speet address where death occurred:	Street NO.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
monahan, Mrs. Maude	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 w	20. DATE OF DEATH. 4-5
Comment with John Moushau	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Mar 21 1947 10 april 5 1147
7. Birth date of	and that I last saw h. An alue so Congral 4 19.47
7. Birth date of deceased (mo., day, yr.) 9-7-188/	
8. AGE: Years   Months   Days   If less than one day	Immediate gauge of death scente by a paramatance DURATION
0. 102.	Ciptilio - Propriedatio - 10days
65 6 min.	Hymephielis
9. Birthpiace Lewiston Pa	Due to.
(Town, county, and state)	Infection
1D. Usual occupation	Due to.
11. Industry or business	BUÇ 10
	) exemple:
12. Name Wm. Mc Cann 3. Birthplace Westminster, Ma.	Other conditions.
Ma - 1/	(Include pregnancy within 3 months of death)
14. Malden name Mereaus Harker	
14. Malden name Mereaus Harpor  15. Birthplace Belltown, Mrs.	Major findings of operations.
(1 /) h.	Date of op.
16. Informant John Noushau	Antapay results
Address	
1 0 10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or Grematory 27 Augustini	Where did Injury occur?
Maria Dal	
Location Colman Manors Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director At Mymy Cyto Co	
Address 5/7-11 th Sh 2.6.0	1 of 7 800 /2000
	23. SIGNATURE M. D. or other
19 4/5 18 47 Wanda & Sune	Chievale laboratherille 4-5-47
(Date nec'd by registrar) Registrar	Address Date signed 7



2411 N. Charles St., Baltimore /3

# CERTIFICATE OF DEATH

© U1282 Reg. Diat. No. 243

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
51%	D. C.
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Glenn Dale Sanatorium	Street No. 1118 W. St., N. W., Apt #40
How long in hospital or institution? 5 mos., 14 days	(If rural, give LOCATION)
	2.(a) It veteran, name war
3. (a) FULL NAME RUTHENE MONTGOME	3. (b) Social Security Number
	1 3/0-20-1034
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Separated	20, DATE OF DEATH. APRIL 14 19 47 21 6:45 A
8.(b) Name of husband or wife James Montgomery	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	OCI . 24 19 10 AFRICIT 19 T/
7. Birth date of	and that I last saw h. E. R. alive on APRIL 14 1947
deceased (mo., day, yr.) October 3, 1921	Immediaic cause of death
8. AGE: Years Months Days If less than one day	TULMO NARY TUBER (ULOSI) DURATION 8 MA
22 22 6 11hrs.	min,
9. Birthplace Ashville, North Carolina (Town, county, and state)	Due to.
1D. Usual occupation Clerical Worker	
Managaran D. marshmand	Due to
II. Industry of Sastrons	
12. Name John Franklin South Carolina	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Agnes Rice	
15. Birthplace ? , South Carolina	Major findings of operations.
	Date of op.
16. Informant	PHYStCIAN: Ptease underline the cause to which death should be charged statistically.
Address	22 VIOLENCE, 14 death was due to external causes till in the following:
Burkl, cremation, or removal, Which?)  (Burkl, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burkl, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Whare did injury occur?
Location to Wallington, D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hall Snag	Means of Injury Injured at work?
100111111111111111111111111111111111111	D . 10 1.
Address 621 Fla. Que NW. Wash. 21	23. SIGNATURE & aniel Leo Finicane MX
10 apr. 14:1947/Yowland S. Philips	M. D. or other
(Date ree'd by registrar) Regist	trar Address Dave Male Date signed

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BURFATIS

A15 AS

Evidence for change of age MARYLAND STATE DE shown on : 2411 N. Charl	EPARTMENT OF HEALTH  os St., Baltimore (32-2)
A. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County (If outside city or town limits, write RURAL and give nearest town)  Streef No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Richard & dgar mulleter	Richard Edgar World
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male mul married	20. DATE DF DEATH MARIE 12 1047, 01/0:18 1
6.(b) Name of husband or wife Alacated Society alive, give age years 7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days I I less than one day	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from  19 1 19 1 19 1 19 1 19 1 19 1 19 1 19
57 5=8=7 8 4	Cuttal Himmingl
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)  11. Industry or business	Due to.
12. Name Sichard h. Mullikum  13. Birthplace Uffer multon. Mil	(Inclode pregnancy within 8 months of death)
E 14. Malden name System E Mink	Major findings af operations.
N 15. Birthplace Houghills, 1911	Date of op.
16. Informant Mary h. Muller	Aulopay results
Address Bowel, MILL	
(Burial, cremation, or removal. Which?)  Date thereof Africa 16 4.7  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory ascenseion	Where did injury occur?
Location Bowie ma	Injured at home, farm, industry, public place (where?)
18. Funeral director Martin Fladen goons	Means of Injury Injured at work?
Address Bowie Md	23. SIGNATURE M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)	Address Jours Date stand 4/14/47

Registrar Address.....

APR 18 1947

correct age

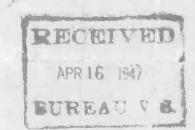
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1970)

# CERTIFICATE OF DEATH

0		()	1	2	84	
Reg.	Dist.	No.		0	3	<i>[</i>

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Odlor or race 6.(a) Siggle, married, widowed, or divorced  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Capall 4, 1946  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace	and that I last saw h
1D. Usual occupation	Other conditions
14. Maiden name Orpha Clayfool  15. Birthpiace Local W V.C.  16. Informant L. Srevins  Address Shady spring west ra  17. Barral: Bate thereof Open 14, 1947	Major findings of operations
(Burial, cremation, or removal Which?)  Cemetery or crematory  Location  18. Funeral director  Address  Address	Accident, suicide, or homicide
19. 4 / 4 Umanda Dourses (Date red by registrar) 19.4.7 Umanda Dourses Registrar	23. SIGNATURE M. D. Oother Address Address Date signed 4-13-47



9-45-15M

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MARYLAND S'	TATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

^	
0 73	No. 243
Reg. Dist.	No. of The

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Prince Georges						
City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			yland	State D. C. Co		
(II outsi	de city or town	nonth	2 days	City or town Washington (If outside city or town limit		***************************************
How long in above place of d Hospital, institution, or stre	leath?	death accurred				
				Street No. 404 8th St., S		
					e LOCATION)	1
How long in hospital or ins	titulion?Lill	2110113 6.	<u>Qays</u>	2.(a) If veteran, name war		'V
3. (a) FULL NAME	Liria	kS.	newman		3. (b) Social Security	Number
4. Sex 5.	Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Nale W	hite	Wid	owed	20, DATE OF DEATH	e 9 1947	7.10#2
6.(b) Name of husband or v	rile			21. I CERTIFY that death occurred on the date ab	pove stated; That f attended deci	eased from
		6.(4	e) If alive, give ageyears	3/0/4 ( 19.	10.4/.9	19.4
7. Birth date of	A "	07 70	70	and that I last saw h	4/9	13.44
deceased (mo., day, yr.)		27, 18		Imprediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Colmonary Inte	rulou	17Hb-17de
68 68	11	12	hrs,min.		***************************************	2
3. Birthplace	shington	County, and	fate)	Due to		***************************************
10 Neual occupation	Salesma	n				
9.00 A 1 0 mg				Due to	,	
11. Industry or business	MISC.	TLOTGTE	5		,,,	** ************************************
12. Name		an		Dther conditions		
	olar	Late Man		(Include pregnancy within 3	months of death)	**
14. Malden name	OKY	7		Major findings of operations		
15. Birthplace		Virginia .	a			
	Dece	eased		A 1 -1-12 1	on Tuberoul	
16. Informant		•••••		PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Address						
17 Resum	rel	. Date there	Chr. 9. 1947	22. VIOLENCE: If death was due to external ca		
(Burial, cremation, or	removal. Which	)	201. (Mr. 9 / 947) (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory		Where did Injury occur?(City or town)	(County)	(State)		
to Washington DC						
Location			M	injured at home, farm, industry, public place (w		*************************
18 Funeral director	rancis	YPO0	theres 1 00	Means of Injury	Injured at work?	
3021 W/H N 11 (1)			1 (1) rol 10V2	(1) . 0	0 11.	
Address 3821-14th Dr. VIW. Wood, New			· wood in	23. SIGNATURE & Duell 6	80 tinuca	ne MX
Clas a 47 P. Daved & Philips			Pared of Philips	AD D	M. D.	or other
19. (Date rec'd by registrar)			Registrar	Address Vlenn Wale	Mac Date signed	apr 9 1945



#### 2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 2420

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofants give residence of mother)
County TRINGE-GFORGE	State MD County PRINGE GEORGE
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 57/0 - 77 - S.T.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KUSSELL-BURTON-f	HILLIPS JR
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MAIE WHITE SINGLE	20, DATE OF DEATH APRIL 2 19 47, at 10 P. M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Laitended daceased from
	30 March 194 10 Death
7. Birth date of	and that I last saw h Admirallive on A 19. The
deceased (mo., day, yr.)  R A.G.F. Years   Months   Days   If less than one day	Immediate cause of death NEWMONIA
8. AGE: Years Months Uays It less than one day	Virus TYPE, 72 Grs
Blander WHSHINGTON - DC	D. 1.
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business	
12. Name. PUSSELL-BURTON-PHILLIPS 13. Birthplace SIVER-HILL MD	Other conditions ACULE Tracked
13. Birthplace SIIVER-HILL - MD	(Include pregnancy within 3 months of death)
14. Maiden name MARILYN - MAYHVE	
15. Birthplace ALIQUIPPA - PA-	Major fieldings of operations.
Kucacell - Rueman. PHILLIP	
16. Intermani JUSSELL - BURTON - FAILAFF	Autopsy results
Address 5/10 - 11- ST- BRHDBURY-HgT	22. VIOLENCE: 11 death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Ceglan 1966	Where did injury occur?
Location Supplies of Mills	Injured at home, tarm, industry, public place (where?)
18. Funeral director Sha Chambers OV	Means of injury Injured at work?
Address 577-11 Sh DE.	23. SIGNATUR Sichney W. Jogury M.D.
10 april 3 10 47 Carrie F. Campbell	M. D. optiner
(Date rec'd by registror) Registrar	Address 503 4000 Dople Co. Bate signed 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



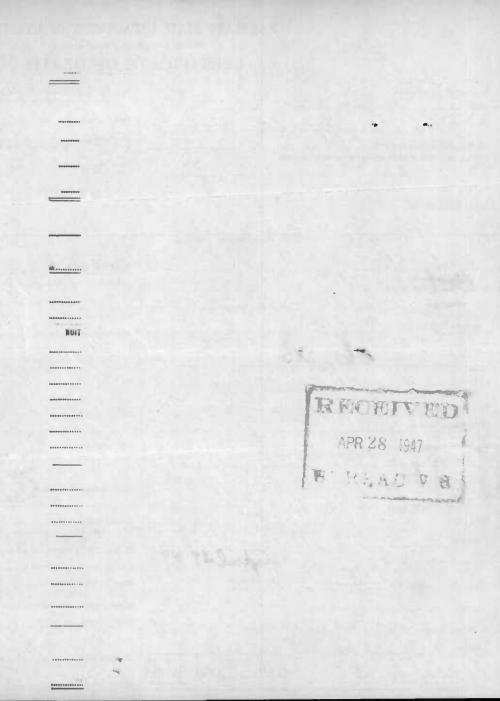
VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (45-6)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County muce designs	(Fnr newborn infants give residence of mather)
City or town Capital Heights	State Many County County
(II/outside city nr town limits, write RURAL and give nearest town)	City or town Capatol Reysita
How long in above place of death?	(If nutside city or thwn limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 624 JJ Um Gal Pit.
624 5-72 Cm	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
Foris R. Pratt	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Marrid	2D. DATE OF DEATH. Offil 26 19 47 at 730 G M
5. (b. M. A. Colombian or wife Fillie V. Pratt	21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from
11-1894	CINUL 6k 1946, 10 Cofyed 26 1947
7 Right date of	and that I last saw h. same alive on April 25 25 25
deceased (mo., day, yr.) 10 - 1897	Immediate cause of death Lines & DURATION OURATION
8. AGE: Years   Months   Days   If less than one day	Starratin
54 66 2X5nin.	
9. Birthplace (Town, county, and state)	Due to Basemoina of langue + 3 mo?
10. Usual occupation Mard master Wash Terminal RR	Due to Applession - Cascending Got
11. Industry or business	asta 1 100mg
WI VI	
E 12. Name Condress Mall	Other conditions
13. Birthplace allanta Leonia	(Include pregnancy within 3 months of death)
E 14. Maiden name Emma Q. Bratt	(Include pregnancy within a minths in death)  Major findings of operations.
14. Malden name	
Telli: IT Weath	
16. Informant	Autopsy results
Address 624 - 57 - are Carl. All Md	
Reside CN: 1944	22. VIOLENCE: tf death was due to external causes, filt in the following;
Date thereof (month) (day) (year)	Accident, suicide, or homicide
I national great work !!	Whera did injury occur?
Complety of Crematory	Whera did injury occur?
Location Suttant GMas	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W. Chambers Co.	Means of injury Injured at work?
Address 5/7, 11 th st. S.E.	author to molone
(1/2: 1 1/ 47 (24 7 ) - 7 (2 11.0)	23. SIGNATURE M. D. or nther
(Data rec'd by registrar)	Addrass 4 400 Bower Rd &C Date signed 4-26-47



UNFADING INK. Supply every item of information carefully. Yace

correct age

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-1

2. USUAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

BREG. Dist. No. 243

County	nce Geor	ges	(For newborn intants give residence of mother)	
City or town Glenn Da	le Maryl	and RURAL and give nearest town)	State	
			City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?				
Glenn Dale Sanatorium			Street No. 658 Morton St., N. W. (If rurel, give LOCATION)	
How long in hospital or institution?	19 day	5	2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security	Number
I	ERBERT P	RICE	235-01-67	
4. Sex 5. Color or ra	5. Color or race 6.(a) Single, married, widowed, or divorced		MEDICAL CERTIFICATION	
Male Color	ed Separated		20. DATE DE DEATH april 9, 1947, at 11:25 P. M	
			20. DATE OF DEATH 19.7	
6.(b) Name of husband or wife	da Frice	approximately	20 - 0 - 01'01	
T Dieth data of		(c) If alive, give age	and that I last saw h.dogallve on	
deceased (mo., day, yr.)	ril 19, 1	1891		OURATION
8. AGE: Years Months	Days	tf less than one day	Immediain cause of death Malignant Grantl of left ling	
55 55 11	21	hrs min.		
9. Birthplace Dodge Co	., Eastma	an, Georgia	Due to	***************************************
	lown, county, and	state)		
1D. Usual occupation Bricklayer			Due to	
11. industry or business				
12. Name			Other conditions	
X 13. Birthplace Alabama				
14. Malden name Lucy Lamar			(Include pregnancy within 3 months of death)	
15. Birthplace Georgia			Major findings of operations.	
		3	Date of op.	
16. Informant Deceased			Actopsy results	
Address				ordinate wy.
17. Remarkal Date thereof (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
(Burial, cremation, or removal. V	Vhich?)	(month) (day) (year)		
Cemetery or crematory	- 0	(3)	Where did injury occur?	(State)
Location to Washington D.C.			Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Bound		Means of Injury Injured at work?	
10 00	20 il	-At 2 11	(1) . O A.	- 0
Address 35	3	0 16000	23. SIGNATURE & and Lev Linece	or other
19 april 94 194	+7 / los	ulando. Pluhp	60 (1)	
(Dase rec'd by registrar)		Registrar	Address Date signed.	4 7 174



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2

#### CERTIFICATE OF DEATH

(11223/ Reg. Dist. No. 23/

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How Jong In above place of death?  How long in hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State
3. (a) FULL NAME lora Radtke	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Lemale white widowad  8.(b) Name of husband or wife Edward Radtke  6.(c) If alive, give age	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Let 28, 1875	and that I last saw h
8. AGE: Years Months Days It less than one day  12 hrs	Due 12 Annual An
10. Usual occupation. Lousewife  11. Industry or business  12. Name. Luderick Roth  13. Birthplace Dermany	Due to
13. Birthplace Germany  14. Maiden name welhema maste  15. Birthplace Germany	(Include pregnancy within 8 months of death)  Major findings of operations
Address 3503 Kendworth are Nyalleville	Autopsy results
17. Barial, or removal, Which?)  (Burial, cressaction, or removal, Which?)  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Location Bladenshurg Ind	Where did injury occur?
18. Funeral director. Facchs some Address Address Ind  19. 4 9 Unanda Danner (Date reed by registrar)  Registrary	23. SIGNATURE M. D. or other

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Selection area.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

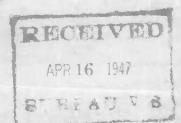
2411 N. Charles St., Baltimore

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	?	J.	Fo	J	1

CERTIFI		

Reg. Dist. No.

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Since Many	maple of their the	
(If outside city or town limits, write RURAL and give nearest town	n matical - Tailed	
How long in above place of death?	(12 outside city or town limits, write RURAL and give nearest town)	,,
Hoepital, Institution, or street address where death occurred:	Street No.	*******
How long In hospital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security Number	
Elizateth Maria	· / favings	
4. Sex 5. Color of dee 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-
simale of mees married	20. DATE OF DEATH. Chril 1947 at 5.3	70
6.(6) Name of husband or wife Hallet E. I yanhings	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	7
		4/
7. Birth date of deceased (mo., day, yr.)	and that I vaet saw h	
8. AGE: Yeare   Montha   Days   If less than one day	Immediair cause of death and Control DURAT	TION
54' 9 // his	min. To Luna. 10 mg	nell
millingham - ma.		
9. Birthplace (Town, county, and state)	Due to	
1D. Usual occupation.	Due to	
11. Industry or businese		
12. Name of the Manne of the Ma	Diher conditione Corlevis eleveris 10 9	12.
	(Include pregnancy within 3 months of death)	
14. Maiden name And Williams  15. Birthplace Rynne Suo. 6, 1944.	houl:	
15. Birthplace Rine Seo. Co, M.	Major findings of operations.  Date of op.	,
16. informant Walter E. Parilings	Aotopsy results. NO	
Address nothing kam Ind.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.	
Bille 15.	22. VIOLENCE: If death was due to external causee, fill in the following;	
(Burial, cremation, or removal, Which?)  Date thereof ponth) (day) (year	Accident, aulcide, or nemicide	
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)	
Location Addishuad To Bis. Co. Mid	Injured at home, farm, industry, public place (where?)	
VP: tolia Parthill -	Means of Injury Injured at work?	-
18. Funeral director	0 0 1	
Address Miller out	7/ 23. SIGNATURE Jamus 6. Janger	
19. U She ( 4 194) ( Cara Stand	1 Men Wa-Okra Ma M. D. or other	47



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#### MARYLAND STATE DEPARTMENT OF HEALTH

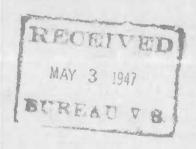
2411 N. Charles St., Baltimore 13.

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#### CERTIFICATE OF DEATH

243. Reg. Dist. No....

1. PLACE OF DE		0		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
county Prince Georges						
City or fown(If	GLenn D	ale, Ma	aryland RURAL and give nearest town)	State		
			, 7 days	City or town Washington (If outside city or town limits	, write RURAL and give no	earest town)
Hospitai, institution, or	street address where	death occurred	d:	Street No. 810 - 5th St., N		
Glenr	n Dale San	atorium	1	(If rurat, give	LOCATION)	
How long in hospital o	r Institution?	mos.,	7 days	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	E	1	7 7		3. (b) Social Security	
		JEW	EL D. REE	SE	202-03-423	
4. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Si	ngle	20. DATE OF DEATH. APRIL	26 1947	7:25 P.
	HUIT IN			21. I CERIFY that death occurred on the date abo		
			***************************************	lebx: 18 19		26 1947
7. Birth date of			c) If alive, give ageyears	and that I last saw h./ 244. alive on	apt 26	19.47
deceased (mo., day, )		15, 191		Immediate cause of death		
8. AGE: Years		Days	if less than one day	Pulmonary Tuke	+ culoris	11
32 32	2 10	11	hrs, min.	8		
9. Birthplace At	clanta, Ge	orgia		Due fo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9. Birthplace Atlanta, Georgia (Town, county, and state)						
1D. Usual occupation Sheet-metal worker			ret.	Due fo	***************************************	
11. Industry or busines	s					•
H 12. Name James H. Reese 13. Birthplace Atlanta, Georgia				Diher conditions		
13. Birthplace	Atlanta,	Georgia				
14. Malden name Bessie V. Drake		(Include pregnancy within 3 n				
14. maiden name.	Atlanta,	Georgia	<u> </u>	Major findings of operations		
≥1 15. Birthplace					Date of op	
16. InformantI	eceased		***************************************	Antopsy results.		
Address				PHYSICIAN: Please underline the cause to wh		statistically.
, Buri	al	Date there	an alu.30,1945	22. VIOLENCE: If death was due to external cau		
(Burial, cremation	, or removal. Which?	)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	ry Colleg	e ray	k Cemetery	Where did Injury occur?(City or town)	(County)	(State)
Location Go	llege / Ec	ik,	ga ruligh Co.	Injured at home, farm, Industry, public place (wh		
	7/0/1	- C	ook In-	Means of Injury	injured at work?	
1B. Funeral director.	000	1 00	K-DFT .	0 . 00	n.	
Address /2/181 faul St. Ballimore, Ind.			accumore, md.	23. SIGNATURE A Lance Let	Finescare	mx)
19 Apr. 26, 1947   Towland S. Philips			land S. Philips	of B Dag	nee.	or other
(Date red d by re	gistrary /		Registrar	Address Venn X aco	Ma Date signed	7-16-7/



2411 N. Charles St., Baltimore 94-0

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No
1. PLACEOF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State
3. (a) FULL NAME Clorothy Virginia alexan	udla Removsky 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single darried, widowed, or divorced  Peerole White Marced	MEDICAL CERTIFICATION  20. DATE OF DEATH
5.(6) Name of husband or wife 6.(c) the alive, give age 3	aod that I last saw h
deceased (mo., day, yr.) Could 24, 1917  8. AGE: Years Months Days If less than one day	Immediate cause of death Ouration  Colonian Occludes
9. Birthplace	Due to.
11. Industry or business    12. Names	Other conditions
14. Maiden name Liebus 15. Birthplace Liebus A	(Include pregnancy within 3 months or death)  Major findings of operations.  Date of op.
Address 3709. Callbar Darroso Callay Co	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or cremation	Accident, suicide, or homicide
18. Funeral director	Means of Injury  Means of Injury  Means of Injury  Means of Injury
19. 4/23 19.47 Umanda Dourses (Date rec'd by registrar)  19. Registrar	Address. Abrestrall Bate signed 4-7.7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The discounses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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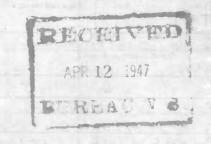


PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9340

CERTIFICAT	TE OF DEATH  Reg. Dist. No. 12
1. PLACE OF DEATH:  County County City or town limits, write RURAL end give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give regidence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
JOHNA RIDDLER	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white. married.	20. DATE OF DEATH 19.47, at 8.45 A. M.
8.(b) Name of bushand or wife	10 6 1 10 4 1 10 10 10 10 10 10 10 10 10 10 10 10 1
7. Birth date of deceased (mo., day, yr.) Fib 1875	
8. AGE: Years Months Days If less than one day 72 2 /0hrsmin.	Impediato cance of death DURATION  The State of the State
9. Birthplace. Aberraliem (Town, county, and state)  10. Usual occupation. Stand Missan.	Due to
11, Industry or bosiness	194 Confide between the contract of the contra
12. Name JOHN RIDDLER  13. Birthplace Scotland.	Other coaditions
	(Include pregnency within \$ months of death)
14. Malden name CATHER INE CRITTON  15. Birthplace SCOTLAND.	Major findings of operations.  Date of Op.
16. Informant mis Pearl Dayle: Address 2116-2400m Chapel, Road.	Actorsy results
17. Plant J. Date thereof Of 11-1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Of Shington . D. C.	Injured at home, farm, industry, public place (where?)  Meana of injury  Injured at work?
18. Funeral director. I. T. Cap St. Wash. De.	23. SIGNATURE Assas A Down I have
19. Upul 19. 47. May 100 Deverl Registrar	Address 1027 hous St. Date signed Chr 11/49



PLEASE

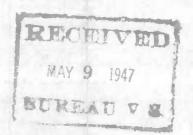
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

#### CERTIFICATE OF DEATH

01294 Reg. Dist. No. 242

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemele White Granied	20. DATE OF DEATH Oping 33 19.47 at 10.0.
6.(b) Namo of husband or wife Shared	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5-1	10 tober 3 19 1 6 10 april 22 19 47.
7. Birth date of	and that I last saw h. A. alive on Capiel 22 1947
deceased (mo., day, yr.) Manender 15, 1898	Immediate cause of death OURATION
8. AGE: Years Months Days It less than one dayhrs	Central Humanhage > days
10	- II A. Francisco Canada
9. Birthplace	Due to Magnifer and Manager & System
10. Usual occupation	" Due to
11. Industry or business	-
12. Name Walls 13. Birthplace	Dther conditions
14. Maiden name Alandon Solarida Solari	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birtholace	Dalo of op.
70. 0	
16. Informant	Autopsy results
Address 8 2 4 - 5 9 St are Cafally Nato V	2. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crematical value) (Burial, crematical value)	Accident, suicide, or homicide
Cemelery or cremalory. Telan Hill	Where did injury occur?
Location Suitland, transland	Injured at home, farm, industry, public place (where?)
18. Funeral director of when a mostly	Means of Injury Injured at work?
Address / 31 - 110 St d. E. Wash OD. C	23. SIGNATURE William Brann
19.4 / 23 - 1947 / Las & Sreffeet	Captal Hate med while 1/2



2411 N. Charles St., Baltimore 4

## CERTIFICATE OF DEATH

()1295 Reg. Dist. No.242

ones.

	•
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County County	4 1 4
City or town (If outside at or town limits, write RURAL and give nearest town)	
How long in above place of death	City or town. (If outside city on town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Streel No. 104-68th Are
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Frank Timothy Shine	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, may ied, widowed, or divorced	MEDICAL CERTIFICATION OF COMME
male white Widowed	20. DATE OF DEATH. Capil 17 19.457 at 4 2. M
6.(b) Name of husband or wife alberta H. Ahre	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(c) It alive, give age deceased.	January 15 19 46, 10 after 17 19 47.
7. Birth date of deceased (mo., day, yr.) april 27. 1882,	and that I last saw h in alive on affile
8. AGE: Years Mombs Days It less than one day	Immediate cause of death DURATION  3 days
64min.	o-cum says
K. k. and miner	C. Tri-selective
9. Birthplace (Town, county, and state)	Due to the discussion of the same of the s
10. Usuat occupation Italianum Engueer	and a desirence
11. Industry or business Quil Car.	Due to.
12. Name Diangers Phone	Diher conditions Distretion melliture 1 1/2 years
12. Name Distribution Planning 13. Birthplace	Y
14. Maiden name many Dunel	(Include pregnancy within 8 months of death)
15. Birtholace	Major findings of operations
	Date of op
16. Informant WM.	Antopsy results
Addiss 5 913 - Tyhalan Rol Kinedaly mo	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?)  Bale thereof (month) (day) (year)	Accident, suicide, or homicide
the start concellent	
Cemetery or crematory	Where did injury occur?
Location Coule mouth	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lisches Long	Means of injury Injured all work?
Address Afatteville mai	2011: 18.
4/80 11 1/20 1. 1	23. SIGNATURE M. D. or other
19	Address Capital Hate, ned. Date signed 4/17/47.

PLEASE WRITE PLAINLY, WYTH UNFADING INK. Supply every item of information carefully. The contract is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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4/17/47. - Coroner rothfied. Permission
given for Arguing certificate
Whairing. The

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APR 23 1947

BURRALIVER

2411 N. Charles St., Baltimore 7400

01296

CERTIFICA	ATE OF DEATH Reg. Dist. No. 23/
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn in ants give residence of mother)  State.  County Device DeceaseD:  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
marcella line	Simpson
4. Sex 5. Color or race 6.(a) Single, married, widowd, or divorced female white married	MEDICAL CERTIFICATION  2D. DATE DF DEATH APRIL 30 1947, at 12:40
5.(b) Name of husband or wife COQAN 6N° 1 ANY 924444  5.(c) If alive, give age years 12, 12, 12, 57	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3 / 19 4 6 to April 30 19 4 greats and that I last saw h.e.t. alive on April 30 19 5
8. AGE: Years Months Days I fless than one dayhrs	Immediate cause of death MYELOIA LEUKEHUA BURATH 3 Mos
9. Birthplace (Zown, county, and state)  10. Usual occupation.	Due to
11. Industry or business  12. Name 13. Birthplace Washington 8.6	Other conditions.
14. Maiden name Mary Maralla Schofield  15. Birthpiace Institute Marallal	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 3 5/6 - Peru St. Mt. Ranser	Autopsy results
Date thereof	
Location 3201 - Blede usung Rd School Man	Where did Injury occur?
18. Funeral director Wm & Malley  Address 3200-RB, ave. Mt. Rainer med	Means of Injury Injured at work?
19. 5 2 1947 Umanda June (Date reg'd by registrar)	23. SIGNATURE harles C. Hageage M. Lyge other trate Address M. Pariser Md. Date stendard 30

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for a single Maryland Purch Pertie Nu S m Mr. Paralle 3210-1950h SE some seem comment of all Marcella fune Sumposes from while Morningle Change on June 12, 1925 RECEIVED MAY 6 Jan . a alpeas for the to Bourse " w From Mary hand cas to, consor-35 1 - 1 inny 36. 11 6. 11 and c The world of the state of the 3 - of - Sealow long ed he see this or A. H. & Malled in the fit of the mer.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF BEATH.

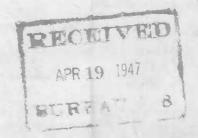
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

## CERTIFICATE OF DEATH

MV Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State marsland county Prince arms
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Juliane Pauli
How long in above place of death?	(If outside city has towa-limits, write RURAL and give mearest town)
Truce George General Habit	Street No
How long in hospital or institution. 19 hours	2.(a) If veteran, name war
3.(a) FULL NAME The Wor Sor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Janole White married	20, DATE DE DEATH AS 16 19 457 at 7 3 = R
S.(6) Name of husband or wife William J. Somell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.) 28, 1895	and that I last saw h
8. AGE: Years Months Days If less than one day	Tenanhore and
51 10 219 Lhrsmin.	Shock
9. Birthplace 7 (Town, county, and state)	Due to Cranto de Contraction de Cont
1D. Usual occupation	matria Compound Commuted
11. Industry or business	1 Fractive to right fream
12. Name Edward to des 13. Birthplace 7 lines 1. Medicard	Other conditions active 20 left leg
	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace 15. Birthplace	Major findings of operations
\$ 15. Birthplace	Date of op.
16. Intermant Ullan Jane	Actopsy results
Address Sold Maxwell Park	22 VIOLENCE: If death was due to external gauses, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematery Washington Noticeal Com	Where did Injury occur? (City or town) (County) (County) (County)
Location Scietland Ma.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Th. H. Chambers Co.	Mesns de la fur est en street inforça Grunon av
Address 517-11 Ft At. S.E	Welputy medical examine
11/12	23. SIGNATORE M. D. oklother
19	Address Date Signed 4 1 74



2411 N. Charles St., Baltimore 47-4

#### CERTIFICATE OF DEATH

Reg. Dist. No. 245

01298

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Burel Billiage	(For newborn infants give residence of mother)
6 -	State Maryland County Ormal Bearge
(If outside city or town limits, write RURAL and give nearest town)	City or town Brentwood
How long in above place of death? 9.35%	Cily or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. \$587-Jaylor
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1.6.00.	
William N. Spurle	n/ 578-05-6226
4. Sex 5. Color or race 6.(a) fingle, married, wildowed, of divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Apr. 1 6 2. M
Restude L. Shusling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of ausband or wife	Jan: 6 1847 10 Apr. 6 1847
	47
7. Birth date of deceased (mo., day, yr.) Celvil 1 st 1908	and that I last saw h./// alive on A.P. 6
8. AGE: Years Months Days If less than one day	Immediate cause at death
o. Aug.	20
39min.	Primary Corcinoma of Lungs 1 your
9. Birthplace	Due to
(Town, county, and state)	
1D. Usual occupation	
	Due to
11. Industry or business	
# 12. Name Edicard N. Sprississ	Other conditions
12. Name Calviand W. Spurklan  13. Birthplace Allinios	
Ellio to lutt	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Ellenios	Date of op.
In Violet of Vermerlow	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
Address 2409-Bunker Hell Old n E.	
A Busial 24-9-1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & streedral Cemelery	Where did injury occur?
of constant Park	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Woman Land Market	Means of Injury Injured at work?
Address 3200 St. J. ave Int. Rainier md.	Ol a p dhacase M. D
Audiess 320001. Y. Co. J.	23. SIGNATURE hables . Lynging M. D. or other
19 Upril 7 19 47 Mrs. Jack Dever	Mr. Rawier Md. apr. 6, 1947
(Date rec'd by registrar)	Address / // Malluly Date sened

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WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, I is especially

The Later Care 273-62-6226 APR 9 1967 Covered it - 1 hors love 24 Februaries Hell St. 31 E. L'aludial Comstay Lime & nathy SHEET MI LEVE ME Maines met

JINFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

#### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
County Value of the Management of the County	State County
(If outside city or town limits write RURAL and give nearest town)	City or town Sutland
How long in above place of death? 2 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution or street address where death occurred	Street No. 29 Kandall Rd.
N	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
Edwin Horace Slow	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male w married	2D. DATE DF DEATH TO ALL S 1947 216:20 PM
BO - 0 May 1 Ot.	21. I CERWFY that death occurred on the date above stated; that Lattended deceaged from
6.(b) Name of horizont er wife	6 April 19.47 10. 8 April 19.47
7. Birth date of	8 2000
deceased (mo., dey, w.) 3 sh. 16, 1882	
8. AGE: Yeers   Months   Days   If less than one day	Immedian cause of death 100 plantis Urenia 2 who ?
65 22min.	
S. Hand med.	Que to Premona 2 nles?
9. Birthplace (Town, county, and state)	DUE TO.
1D. Usual occupation.	Ar Prio Acterolic, years?
11. Industry or business Standard Oil Company	Part desert desert
	ASHERRA Chronic only USE
12. Name Henry Semington Story  13. Birthplace New York	Diher conditione
14. Maiden name Mary Jane Thompson	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Very yark	
16. Informant St. sister	Autopsy results.
Address 1000 Jackson N.E. Washington	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 10 0 11/10.2	22. VIOLENCE: If death was due to external causee, fill in the following:
(Buriel, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Cedar Hell Commetting	Where did injury occur?
Sulland manha d	Injured at home, farm, industry, public place (where?)
Location et al. 1	Meane of Injury Injured at work?
18. Funeral director Than . F. Mussey France ) Con	P
Address 2007 nichol are & E	23. SIGNATURE Sidney W. Duery U.D.
19. Abel 9 147 Jam Dever Registrar Registrar	Address \$503 Good Hope Rd PB Date signed 4-8-47

APR 10 1947

MARGIN RESERVED

PLAINLY, WITH UNF is especially important.

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PLEASE

#### CERTIFICATE OF DEATH

()13(1) Reg. Diat. No. 242

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Lovetta Strai	3. (b) Social Security Number
4. Sex 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fenale While Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY (hat death occurred on the date above stated: that settended deceased from 19.46., 10.47.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day hrs. min.  9. Birthplace Washington A. C. (Town, ganty, and state)	and that I lawsaw hely alive on Crar 2 1 19 4.7.  Immedia: passe of death DURATION  City persons to the art  Out of a set of the set
10. Usual occupation	Due to
14. Maiden name Typestine Dehell 15. Birthplace Ferry 16. Informant Lars Charles On he Leod Address and Land	Msjor findings of operatious
17. Burial Bate thereof (mostly (year))  (Burial, cremation, or removal Which?)  Cemetery or crematory (year)  Location (was fund by the control of the cont	22. VIOLENCE: If deafh was due fo external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. Address Ayattsville Md;  19. 4/27 Junanda Downer,  Registrar  Registrar	Msans of injury  injured at work?  23. SIGNATURE. Johnson. M. D. or other  Address Charles Md — Bale signed 4-25-4

MAY 9 1947 BUREAT 3

(State)

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(Date rec'd by registrar)



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3150)

## CERTIFICATE OF DEATH

3. (b) Social Security Number

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother

County	
Cily or town	Sla
How long in above place of death?	CIL
Hospital, institution, or street address where death occurred;	Str
How long in hospital or institution?	2.(
3. (a) FULL NAME	
4. Sex 5. Color or race   8.(a) Single, married, widowed, or divorced	-
4. Sex 5. Color or race   8.(a)Single, married, widowed, or divorced	
F m married	20.
Could F Transloss	21.
8.(b) Name of husband or wife Jeseph F. Tay lov	21.
8.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	and
8. AGE: Years Months Days It less than one day	lm
6 3 _ ( min,	****
Rich Na	
9. Birthplace Richmord, 1a	Due
(Town, county, and attre)	
	-
	Due
t1. Industry or business	****
# 12. Name July Power	Oth
t1. Industry or busiquess  t2. Name	
13. Birthplace  La Maiden name.  Lugusline	*****
	Ma
E 15. Birthplage	****
16. informant asiph + Lay-Car	Ae
Address / Derwyn me	PH
(Burial, eromation, or roperial, Which?)  (Burial, eromation, or roperial, Which?)  (Burial, eromation, or roperial, Which?)	22.
(Burial, eromation, or rope val. Which?)  Cemetery or crematory Deck Cell Centralia	Wh
Mash. De	Inj
18 Superal diseases Ww Chambes to	Me
udges Riverdal - mid,	
The DO MA ON D	23
april 8 19 7 M. Busheare Registrar	
Date rec'd by registrar) / Registrar	Ad

#### MEDICAL CERTIFICATION

2D. DATE OF DEATH	sed from
and that I last saw h	1954.7
Immediais cause of depth William	5 wh
Immediais cause of death Mennes Clarking of Mennes Due to September 1991	5 WL
Due to	
Diher conditions	
(Include pregnancy within 8 months of death)	

IYSICIAN: Please underline the cause to which death should be charged statistically. VIOLENCE: It death was due to external causes, till in the following:

cident, suicide, or homicide..... nere did Injury occur? ..... (County) (State)

Injured at work?

M. D. or other

(City or town) ured at home, farm, industry, public place (where?)

ans of Injury



# A15 VS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01303

#### CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEATH: County. Prince Georges			es	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Glenn Dale, Maryland  (If outside eity or town limite, write RURAL and give nearest town)			aryland	StateD.aC.aCounty		
(If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?2				City or town Washington	s, write RURAL and give nea	***************
How tong in above place Hospital, Institution, or	street address where	death occurre	d:			
			ium	Street No. 1524 U. Street	LOCATION	
			month, 23 days	2.(a) If veteran, name war		
3. (a) FULL NAME	,	1 0	1	0	3. (b) Social Security	Number
	EVELYN	1 5	VLVESTINE TI	HYLOR	599-20-043	
4. Sex	5. Color or race	8.(a)Sing	ie, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	Colored	M	arried	20. DATE OF DEATH PPRIL	30 18 47	111.30A
0 /h) Name of busheed	Ri	chard	Taylor	21. I CERTIFY that death occurred on the date abo		7
6.(0) Name of nusuand	UF WITE	M.A.M.A	20	MARCH 6 18	45 10 APRIL	30 19 47
7. Birth date of	Oataba	6.	(c) If allve, give age	and that t last saw h. C.R. alive on A.F.		
deceased (mo., day, y	.) Octobe	r 0, 1	713	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	PULMONARY	TUBERCULOSIS	24y 10 mos
33 33	6	24	hrs min.			
9. Birthplace Green Co., Virginia (Town, county, and state)			ia atate)	Due to		*1***1*********************************
10. Usual occupation	Elevato	r Oper	ator	B	***************************************	······
11. Industry or business	Hotel	14.1		Duo to	***************************************	*********************
当 12. Name	alter Wil	liams		Dither conditions	••••••	***************************************
12. NameV	Green Co	****************				
				(Include pregnancy within 3 i	months of death)	
14. Malden name	Estelle	Minor.	-1	Major findings of operations		
₹ 15. Birthplace	reen Co.,	ATLET	IITa	Antopsy results.		
16. Informant	Deceased	***************************************				
Address			P - 6	PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
1	0		01.0 70 1014	22. VIOLENCE: If death was due to external cau	uses, fill in the following;	
17			(month) (day) (year)	Accident, suicide, or homicide	Date of	
			*	Where did Injury occur?(City or town)	(County)	(State)
			on D. C.	(City or town) Injured at home, farm, Industry, public place (w	4	
Location Control Contr				Means of Injury	Injured at work?	
18. Funeral director.	r ornes	12	moy .	means of mary	) M	
Address / 43	32 you	CSt.	Di Vr.	Lain Of	o Finucar	o mas
Calas .	30 /15	2/	land S. Philips	23. SIGNATURE	M. D. o	r other
19. (Date rgc'd by registrar) (1947) Social and S. Hullis Registrar				Address Vlenn Wale	Md. Date signed	4/30/47



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

01304 ... 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother)
county tince feeting	State Magnaud county for use Charge
(If outside city/or town limits, write RURAL and give nearest town)	(Meyerla
How long in above place of death?	City or town (If outside city on town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. 42 70 Drauch los S. & Ja Ut.
Prince George General Nospital	(If rural, give LOCATION)
How long In hospital of Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Unnie Tenny	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale white Married	20. DATE DE DEATH 0. P. 7 1 12 19 4.7 at 7.3
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	Woverfel 18 46 to Apr. 12-18 47
6.(e) If allive, give ageyears	
7. Birth date of deceased (mo., day, yr.) 7-4-3 1888	and that I last saw h. C/V. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
59 2 9hrs. min.	Cardina ala Peral
she liveties is	
9. Birthplace (Jown, eounty, and state)	Due to
10. Usual occupation Kouse Wefe	
11 - Holms	Due to
	010 20 5/1, 00,4
12. Name W3. 11. Quu Handy W.C.	Other conditions I deal The Classification of the Conditions of the Classification of the Conditions of the Classification of the Conditions of the Conditio
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Mary Huskes	Major findings of operations
14. Maiden name. Mary Hushes	Date of op.
Solar OV Co no oil	Autopsy results.
16. Informant	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address 4270 - 12 rauch live S-E. Wast. to W	22. VIOLENCE: If death was due to external causes, fill in the following;
11. Musical Date thereof, 47-15-41	Accident, suicide, or homicide
(Burid, cremation, or remova). Which)	Assistant and a second a second and a second a second and
Cemetery or crematory	Where did Injury occur?
Location truce Story Go, - Swittened and	Injured at home, farm, Industry, public place (where?)
See W. Phracharelo	Means of Injury Injured at work?
18. Funeral director	Cm + 1
Address gradung on	23. SIGNATURE LOCAL / Survey Carty
18 4/12 1847 Umanda Dourses	M. D. or other
(Date ree'd by registrar) Registrar	Address / allauxlo Date signed / all

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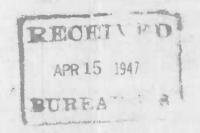
9-45-15M

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The expecially important. Physicians: please write the causes of death clearly and legibly-

sorrect age



How long in above place of death?....

How long in hospital or Institution?

Hospital, institution, or street address where death occurred:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

HUN NO. G 11 1 MAY 6 1947	CERTIFICATE OF DEAT	r H
1. PLACE OF DEATH: Georges	2. USUAL RESIDEN	
Cheneral Chanes	Siate	Lo

(HOME) OF DECEASED: give residence of mother) Street No... 2.(a) It veleran, name war.....

3. (a) FULL NAME 4. Sex 5. Color or race

MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3. (b) Social Security Number

6.(b) Name of husband or wife..... 7. Birih dale of deceased (mo., day, yr.) 8. AGE: Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation..... 11. Industry or business

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide,.....

Major findings of operations.....

Where did injury occur? ......

(County) (State)

Injured at home, tarm, Industry, public place (where?) ......

Injured at work? Means of Injury

(City or town)

23. SIGNATURE

(Date rec'd by registrar)

LAINLY, especially PLAINLY is especial WRITE PLEASE

death clearly

information of death clea

item of i

Supply every i

ADING INK. Physicians: pl

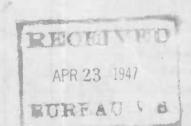
WITH UNF important.

13. Birthplace

15. Birthplace

14. Malden name

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)

#### CERTIFICATE OF DEATH

231

	Reg. Dist. No	
1. PLAGE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED:  For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary County County	Ony S
(If outside city or town limits, write RURAL and give nearest town)	City or town	) 0
low long in above place of death?	(If outside city or town limits, write KUKAL and give near	est town)
iospital, institution, or street address where death-occurred:	Street No. 33 13 - 40 26 Place (If rural, give LOCATION)	
ow long in hospital or institution?	2.(a) If veteran, name war.	
B. (a) FULL NAME		
John Edward	Vaddell 3. (b) Social Security N	umber
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Wedowied	61.018.0	300
2		1111
S.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that i attended deceas	
		19
Birth date of deceased (mo., day, yr.)	and that I last saw halive on	19
8. AGE: Years Jonths Days If tess than one day	Immediate cause of death	DURAT
77 /hrsm		***************************************
man A deliana 16a	On District	*************
Birthplace (Town, eounty, and atate)	Due to.	************
IB. Usual occupation		
1. Industry or business	Due to	
12. Name John Delward Waddel	Conditions	***************************************
13. Birtholice Vice	Wher conditions	************
	(Include pregnancy within 3 months of death)	
14. Malden name did from 15. Birthplace	Major findings of operations	
15. Birthplace	Date of op.	
16. Interment mis Ella Kellon	Antopsy results	
Address 3313- 40 the Column les	PHYSICIAN: Please underline the cause to which death should be ebarged at	atistically.
Annil 20 10	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Perial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. De Zion	Where did injury occur?	(State)
Middlesburg Virginia	Injured at home, tarm, Industry, public place (where?)	,
Location I Descrip 2502	Means of Injury Injured at work?	
18. Funeral director	bletout medical Exam	44
Address Afallerille Ind	- Total	1
4/19 47 1 Day	23. SIGNATURE M. D. Gr	ashet
19. (Date ref'd by registrar) Registr		

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PLEASE



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APR 23 1947

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PLEASE

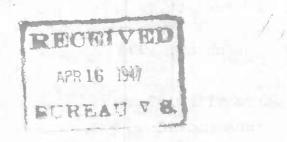
#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 190

01307

CERT	'IFIC	ATE	OF	DEA	TH

		CER	CITFICAL	E OF DEATH	Reg. Dist. No	$\alpha > 1$
How long in hospital or Inst  3. (a) FULL NAME	ce George Imar Mano le city or town limits, ealh?	write RURAL and give n asient occurred: the Poton	earest town)	2. USUAL RESIDENCE (HOME: (For newborn infants give residence) State District of C City or town. Washington (If outside city or town in Streel No. No fixed (If rural, g	Columbia mits, write RURAL and giv	7
		(a) Single, married, widowed,	or divorced	MEDICAL	CERTIFICATION	
	1970 4 4 4	Manual of				
Female	White	Married	l .	2D, DATE DF DEATH April	10 14	7 at 3:00P M
6.(b) Name of husband or w	***************************************	6.(c) If alive, give age.	years	21. I CERTIFY that death occurred on the date	.19, 10	19
deceased (mo., day, yr.)	March 20	Days   If less than one	day	Immediate cause of deathEXPOSU	ire to cold	DURATION
8. AGE: Years	Months		day	***************************************		
43		hrs.	min.			
10. Usual occupation	Unemploy oseph Whi	ttmore		Due to. Laying out repartly submerged out the night	l in water (	during
			(Include pregnancy within	n 3 months of death)	4 - 44 - 14	
t4. Malden nameM.	Churchvil	h Tomn		Major findings of operations		
≥ 15. Birthplace	OHUI-CHVII	E, Temile			Date of op	***************************************
	rchville,	apr	14.1946 (day) (year)	Actopsy resolts	o which death should be chall causes, fill in the following: Ldent	Potomac n
19. (Date rec'dby registrar) 19. (Maranda Daturney Registrar)			Address /Forestville, Md. Date signed 4/12/47			





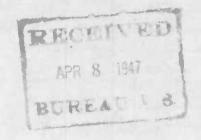
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CERTIFICAT	E OF DEATH Reg. Di
1. PLACE OF DEATH:  County City or town City or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, Institution, or sfreet address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giva residence of mother)  Stale  County  City or town  (if outside city or town limits, write RURAL  Street No  (if rural, give LOCATION)  2.(a) If veleran, nams wer
3. (a) FULL NAME grace Ferrer W	atterns 3. (b) Socia
4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	20. DATE OF DEATH
7. Birth dais of deceased (mo., 49v, yr.)  8. AGE: Years   Months   Days   If less than one day   hrs.   min.	and that I last saw hallve os
9. Birinpiace	Ouo fo.
12. Name frank toslar  13. Birthplace rev your  14. Maiden name Coethern tears  15. Birthplace new your	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations
16. Informani	Autupsy results PHYSICIAN: Please underline the cause to which death should 22. VfOLENCE: If death was due to external causes, fill in the fol Accident, suicide, or homicide
Location Address 9 7 - 1 26 .	Where did injury occur?
19 Carrie 7 19 47 Carrie F, Campbell (Dag ree'd by registrar) Registrar	Address Horestalle ne

(For newborn infants giva residence of	
State maryland Con	unly Prince George
City or laws Cooklaw	4
	s, write RURAL and give nearest town)
Street No. 6505- 6ah	
(if rurai, give	LOCATION)
2.(a) If veteran, nams wer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the	3. (b) Social Security Number
accents	
MEDICAL C	ERTIFICATION
01 -	Q 4 1947 16 = 1
2D. DATE OF DEATH	
21. I CERTIFY thei death occurred on the date ab	
19.	, to
and fhat I last saw halive on	19
Immediate cause of death	DURATION
acute congest	we hear
Wio Cardiovose	ula renal
alesese	
Duo fo	
Other conditions	
(Include prognancy within 3	months of death)
Major findings of operations	
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
22. VIOLENCE: If death was due to exfernel co	uses, fill in the following;
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (State)
Injured at home, form, industry, public pieco (w	rhere?)

elnjured al wark?

Dale signed 4-4-



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

#### CERTIFICATE OF DEATH

01309 Reg, Dist, No. 239

	2411 N. Charles	St., Baltimore 83		
	CERTIFICAT	E OF DEATH	Reg. Dist. No	239
1. PLACE OF DEATH: County Local	0 1 5 1	2. USUAL RESIDENCE (H (For newborn infants give	OME) OF DECEASED:	
City or town Isual Aa	urel My	State State City or low Ame St	as other sed	
now long in above place of death?	<i>&gt;</i> .	(If outside city o	r town limits, write RURAL and giv	e nearest town)
How long In hospital or Institution and the Company	Jarin		If rural, give LOCATION)	
3. (a) FULL NA E	Am, be	thered	3. (b) Social Secu 2 18 - O	
4. Sex 5. Color of race 6.(a) Single, married, w	vidowed, or divorced	MED  20. DATE OF DEATH	ICAL CERTIFICATION	7 21 10 0
6.(b) Name of husband or wife		21. I CERTIFY that death occurred o	on the date above stated; that Lattended	
7. Birth date of deceased (mo., day, yr.) Mose 22 -	1867	and that Plast saw h. sand. alive	061-131	19.44.7
	than one dayhrsmin.	Immedial cause of death	Lemorrhag	24 hour
9. Birthplace Chettestown // (Town, county, and state)	rangland	Our to Her fee	Censia)	5 Crar
10. Usual occupation Augusta		Due to		1
11. Industry or by siness of amounts in the stress of the		Dther conditions		
13. Bigripface	a.	(Include pregnat	ncy within 3 months of death)	
14. Maiden name. In All 11. Birthplace. Sent Control of the sent C	nd on	Major findings of operations		
16. Informant . L. Methered 13	arjoll	Autopsy results PHYS†CIAN: Please underline th	e cause to which death should be cha	rged statistically.
Address 100 Flaul 1  17. Burial Date thereof. The	ril 5, 1947.	22. VIOLENCE: If death was due	to external causes, till in the tollowing;	
(Burial, cremation, or removal, Which?)  Cemetery or crematory	nonth) (day) (year)	Accident, suicide, or homicide Where did injury occur?	ity or town) (County)	(State)
Location Tent Courty	ml.		blic place (where?)	
18. Funeral director	9.12.1	Mesns of Injury	Injured at work?	2 10 [
Address 505) Hashington (24th. 0	Warrel, MA	23. SIGNATURE	se you	MA //C L
(Oate rec'd by registrar)	Registrar	Address Oracle	sel mo bate of	ned 4/3/47

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APR 8 1947

Braides

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 876

#### CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Thirty toward Divise George	State Md County Thirty oney h. George		
City or town. (If outside city or town limits, write RURAL and give nearest town)	and Jakoma Pack		
How long In above place of death? 22 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 6505 allegheny are		
How long to hospital or institution?	(iCural, affe LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME			
MARIE ELIZABETH WHITE	HEAD  3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
temale While blevoired Dan	20. DATE OF DEATH 4 5:10 P M		
Ren Marian Mitthead	21. I CERTIFY that death occurred on the date whore stated: that tailended deceased from		
6.(b) Name of husband or wife Carly Parisar I number	19 45 10 Cin 2 8, 194/		
7. Birth date of // 2 7 // 2 7	and that I last saw her alive on Con 28		
deceased (mo., day, yr.) Alexander 23, 1901 a  8 ACE- Years   Months   Days   If less than one day	Immediate cause of death DURATION		
0. AGE.	Jaskinson & drame gran		
45 4 3hrsmin.	Glingegligen Chirdung		
9. Birthplace (Twn, county, and state)	Due to. (See See See See See See See See See Se		
10. Usual occupation Dougewife	Due to.		
11. Industry or business			
12. Name John Baugu	Other conditions		
13. Birthplace Type	(Include pregnancy within 3 months of death)		
14. Malden name Mary E, Willey	A		
14. Maiden name Rosel England	Major findings of operations.		
Carrie PO Undial.	Date of op.		
16. Informant	Autopsy results		
Address 627 Harroget It. Kes Work. D. (	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, eremation, or removal. Which?)  Bate thereof Roy   1947   (Bornth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Den Nask. Manusial Com.	Where did injury occur?		
Location Hypothyses Maryland Riggs Road.	Injured at home, farm, industry, public place (where?)		
Carries of Tallers	Means of injury injured at work?		
18. Funeral director Address 254 Carroll St. N. Japone Vak, D. 6.	to 4 Stolohum m.D		
19. April 30 1947 James Severy Registrar	23. SIGNATURE M. D. or other 8/47.  Address Date signed A 8/47.		
(Date for d by registrar)	Address		

